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House of Representatives

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Mr. COOKSEY).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
September 28, 1999.

I hereby appoint the Honorable JOHN COOKSEY to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 19, 1999, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to 5 minutes each, but in no event shall debate continue beyond 9:50 a.m.

The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

THE BUDGET PROCESS AND LIVABLE COMMUNITIES

Mr. BLUMENAUER. Mr. Speaker, for those who are concerned about making our communities more livable, New Year's Eve is approaching; not the one that ushers in the new millenium, but one which for a number of us may be even more problematic. I am talking about the Federal fiscal new year that ends in just 2 days. As the end draws near and as we begin the final stages of this year's budget process, there are still many decisions to be made and much work to be done.

Currently our friends on the Committee on Appropriations are trying desperately to avert the disaster of last year's omnibus spending bill. We all recall the millions upon millions of dollars given away in the dead of night to special interests and pet projects as we in Congress were given a 2,714-page bill at 4 o'clock in the afternoon to vote on at 7 that evening. This pathetic process made Congress look foolish while sadly skewing our funding priorities. It was a lose-lose proposition.

The truth is that apparently we did not learn from last year's mistakes, and as this year's budget end game approaches, we are finding that we are in a similar situation. The budget gimmicks, the phony emergency spending, the effort to redefine the Federal fiscal year, adding an extra month, delaying this funding, advanced funding, the list is long as the Committee on Appropriations struggles to keep faith with the unrealistic spending caps that we all know were broken last year and which are being broken as we speak.

It is not the fault of the Committee on Appropriations, who, if left to their own devices, could craft a much better product. But as we travel down this familiar and unfortunate route, we are finding that what is broken is also the public trust in how the Federal Government uses their money.

But it does not have to be the case. We can change by shifting our priorities from partisan jockeying to funding initiatives that will truly make a difference in the daily lives of our constituents. We need to call upon our friends in the leadership, the Committee on Appropriations, and the administration to secure funding for things that will make our communities more livable.

A good place to start is in the administration's own budget, in a list of livable communities initiatives. They are not big ticket items, but they would offer dramatic impacts.

Some of those livability initiatives include the lands legacy package, to expand Federal efforts to save America's natural treasures, and provide significant new resources to States and communities to protect local green spaces.

The Better America Bonds is a proposed new funding tool that would generate $9.5 billion in bond authority for investments by State, local, and tribal governments in green spaces, urban parks, water quality, and brownfield cleanup. Tax credits, totaling more than $700 million over 5 years, are proposed to finance the bonds.

There is the Community Transportation Choices, the TCSP program, already authorized by Congress under the T–21 legislation, which earlier this year generated over 500 creative proposals to help communities deal with the transportation challenges that they face. Thirty-two grants totaling $13 million were given, but now the entire program has been earmarked. Instead of giving communities direct aid, rewarding those that submit the most creative and effective proposals, only five of the proposed earmarks even bothered to submit a proposal altogether.

As we travel America, there are very few people who are concerned about the partisan squabbling over our budget. Most of America is concerned by the tragedy that was represented by the massive flooding and storm loss, the loss of life and property by Hurricane Floyd. They are focused on problems of everyday life: pollution, congestion, unplanned growth, and safety of their children. Congress needs to implement these livability proposals in the budget process now to address what Americans have spoken for.

The local newspapers from coast-to-coast are filled with references to people trying to make their communities

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more livable. Funding these initiatives is necessary to minimize problems in the future, while improving the quality of life for generations to come.

We owe it to our constituents to fund these initiatives, and I encourage the Committee on Appropriations to include them in our budget to help make our families safe, healthy, and economically secure in more livable communities.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 10 a.m.

Accordingly (at 9 o'clock and 7 minutes a.m.), the House stood in recess until 10 a.m.

□ 1000

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. GIBBONS) at 10 a.m.

PRAYER

The Chaplain, the Reverend James David Ford, D.D., offered the following prayer:

We know how simple it is to talk about matters of faith, and how easy it is to speak of the relevance of religion for ourselves and for our Nation. Yet, O God, we know that there is often a chasm between what we say and what we do.

On this day we pray that our good words of faith will find meaning in the good works of justice in our daily lives, and all that we profess with our mouths and all that we believe in our hearts will be translated into deeds of concern and acts of love.

Help us, gracious God, to make our lives vital and with special purpose by making faith active in love. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from California (Mrs. CAPPS) come forward and lead the House in the Pledge of Allegiance.

Mrs. CAPPS led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WHISTLE-BLOWER PROTECTIONS FOR NURSES

(Mrs. CAPPS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPPS. Mr. Speaker, the House will soon act on managed-care reform. In this debate we must protect the whistle-blowing rights for nurses and health professionals.

Patients depend on nurses to ensure they receive proper care. Nurses who see the health of their patients endangered should feel 100 percent confident that they can voice their concerns without retaliation from their employers.

I have been a registered nurse for over 30 years. I understand firsthand how difficult it is to come forward and report abuses, situations which compromise the quality of care. No one should feel that their job is in jeopardy because they speak on behalf of the safety of their patients.

Let us show our support for nurses and healthcare professionals. Support the whistle-blower language in the bipartisan Norwood-Dingell managed-care bill.

PRESIDENT SHOULD VETO NUCLEAR WASTE POLICY AMENDMENTS OF 1999

(Mr. GIBBONS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GIBBONS. Mr. Speaker, Senate bill 1287, the Nuclear Waste Policy Amendments of 1999, has been introduced in the United States Senate. Although this bill would not establish a temporary nuclear storage facility in Nevada, you should be aware of its misguided attempts to deal with the permanent disposal of nuclear waste.

The passage of this legislation would place unneeded and dangerous environmental, safety, and health risks upon millions of Americans. Therefore, I would urge the President to uphold his commitment to Nevada and the American people by reaffirming his veto promise.

Senate bill 187 would accelerate the time line for permanent disposal at Yucca Mountain, ignoring the ongoing scientific studies and our Nation's environmental laws that were designed to protect its citizens. It would also allow the Nuclear Regulatory Commission, not the EPA, to establish dangerous radiation standards. Such a change in law would facilitate contamination of groundwater supplies and endanger all Americans along the transportation routes with higher dosage of deadly radiation, ultimately destroying the lives of American families.

Mr. President, where is your promise? The American people deserve to hear your voice on this critically important issue.

JUSTICE DEPARTMENT HELPING CHINESE COMMUNISTS

(Mr. TRAFICANT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TRAFICANT. Mr. Speaker, first it was Ruby Ridge and Waco, now it is Chinese money laundering. The Justice Department continues to cover up the truth.

FBI Agent Parker testified that 27 pages of her notebook detailing crimes on Charlie Trie were stolen. Agent Parker also said that the Justice Department blocked a search warrant allowing Charlie Trie to destroy bank records and money transfers from the Bank of China that ended up at the Democrat National Committee.

Think about it. The Justice Department is now covering up the truth, helping Chinese communists.

Beam me up, Mr. Speaker.

It is time for a full independent investigation, not another investigation appointed by Janet Reno.

I yield back the crimes at the Justice Department.

ENDING THE 30-YEAR RAID ON THE SOCIAL SECURITY TRUST FUND

(Mr. ARMEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ARMEY. Mr. Speaker, for over 30 years Washington big spenders have been raiding the Social Security trust funds to feed the greed for a bigger, more bloated government.

Mr. Speaker, now is the time to ''Stop the Raid.'' This Republican Congress has committed itself to protecting every dime of Social Security.

Unfortunately, Mr. Speaker, the President wants to spend the Social Security surplus. According to his most recent budget, he wants $1 trillion in new government spending in the next 10 years. He can only do that, Mr. Speaker, by spending from the Social Security surplus.

In fact, according to the Congressional Budget Office, his budget would spend $57 billion of the Social Security surplus next year alone.

Mr. Speaker, we will seize this historic opportunity and we will, for the first time in over 30 years, restore the integrity of the Social Security trust fund and honor our children as they pay those taxes for grandma and grandpa's retirement and stop the raid on Social Security.

REGARDING EDUCATION AND THE REPUBLICAN CONGRESS

(Ms. VELÁZQUEZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. VELÁZQUEZ. Mr. Speaker, we are facing a tragedy in this country's education system. Now, I am not talking about the fact that children are being forced to learn in school buildings that are literally falling apart, in classes whose size are literally bursting

at the seams. I am not talking about the fact that tens of thousands of children are being kept out of Head Start or the fact that hundreds of thousands of children are losing after-school programs. I am not talking about the fact that some areas, like Sunset Park in my district, do not even have high schools, making access to education difficult, if not impossible.

No, these facts make us mad; they make us angry. They make parents around the country shake their heads and wonder just what exactly we are doing in this body. But these are not the tragedies I am talking about.

The tragedy is that we know what we need to do, but, thanks to the Republican leadership, we are not doing it. In fact, judging by the Labor-HHS bill they are trying to pass, we are moving backwards, while another generation of our youth is in danger of being lost, and that is the tragedy.

ENFORCE EXISTING CAMPAIGN FINANCE REFORM LAWS

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, we have been hearing a lot lately about campaign finance reform. However, some of those pushing for new laws fail to mention the fact that our existing laws have been broken.

It is against the law to use foreign money in election campaigns in America. It is against the law to launder money in election campaigns. It is against the law to sell access to your office or influence or even seats on a foreign trade mission to highest bidders. It is against the law to use public offices, telephones, equipment, staff, computers in election campaigns.

We have heard about ''no controlling legal authority.'' The Attorney General not only fails to enforce our existing laws on campaign finance reform, but the Attorney General blocks efforts to investigate existing laws.

We should have full disclosure, but we should also have our existing laws enforced. It is a scam on the American people to pass new laws on finance reform, while not enforcing existing laws.

BRINGING AWARENESS TO THE IMPORTANT ISSUE OF LAND MINES

(Mrs. MALONEY of New York asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MALONEY of New York. Mr. Speaker, as cochair of the Women's Caucus, along with the gentlewoman from New York (Mrs. KELLY), together we are hosting a bipartisan meeting with Queen Noor of Jordan, who is making her first official visit to Capitol Hill today, to bring awareness to the devastation caused by land mines around the globe.

More than 60 countries are infested with land mines, 60 countries that have the potential of killing or maiming innocent civilians, claiming 26,000 new victims every year. Land mines cannot tell the difference between the footfall of a soldier or a child at play. Every 20 minutes someone steps on a land mine, killing or leaving them maimed. Fewer than 10 percent of the survivors have access to proper medical treatment.

I urge my colleagues to support the efforts of Queen Noor and the Land Mine Survivors Network to bring awareness to this important issue and to provide a voice to those survivors who do not have the opportunity or ability to speak for themselves.

STOP THE RAID ON SOCIAL SECURITY

(Mr. SCHAFFER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCHAFFER. Mr. Speaker, people I talk to are often surprised to learn that the Republicans forced the President and the Democrats in Congress to accept our Social Security lockbox legislation. They are even more surprised to learn why a Social Security lockbox law needed to be passed in the first place.

For 32 years Congress had raided the Social Security trust fund to pay for Washington programs that had nothing to do with Social Security. Of course, in the private sector a CEO who ran his personal business like that, using the retirement money as a personal slush fund, would be put in jail. But Washington plays by some strange rules.

I think it is time to put an end to this practice that Lyndon Johnson began in 1967 at the height of the Great Society Program. The Social Security trust fund is supposed to be a trust fund, not a slush fund.

I urge my colleagues on both sides of the aisle to draw a line in the sand. Take the pledge not to pass any of the President's efforts to raid the Social Security trust fund. Stop the raid on Social Security.

AN INNER CITY TRAGEDY

(Ms. NORTON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. NORTON. Mr. Speaker, no one should forget where the tragedy at Columbine began; not in the suburbs of Colorado, but in the streets of the inner cities, where guns were first made available like free lunch. Now, astonishingly and tragically, that is the case throughout America.

On Friday evening a youngster, 17 years old, in the District, going to see his girlfriend, minding his own business, was shot on a bus by somebody who hoisted himself and shot him through the window. For 10 minutes the bus rode and did not even know the kid had been shot.

□ 1015

This youngster is described by his teachers and all who knew him as an excellent student, talented and energetic. He was in the marching band at Ballou High School. He was on his way to Howard University next year. He participated in the Arthur Ashe tennis program. He is the kind of kid we are so pleased to see come out whole from the inner city.

Mr. Speaker, guns are everywhere. They are in our districts. Please pass gun safety legislation before we go home this year.

POLICE LAWLESSNESS IN HAITI, AMERICA'S TAX DOLLARS AT WORK

(Mr. CHABOT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CHABOT. Mr. Speaker, I want to call to the attention of my colleagues a very disturbing article in this morning's Washington Post. American taxpayers have invested approximately $75 million to build and train a new national police force in Haiti, a department that would replace the feared security forces from previous military dictatorships.

Sadly, the new national police force appears to be just a new version of the old one. The Post reports that in a 3-month period earlier this year, 50 killings attributed to the police occurred, and police involvement in drug trafficking has also been charged.

Mr. Speaker, it just goes to show that when our government gets involved in virtually every predicament that occurs around the world, we tend to lose control of where our tax dollars are going. $75 million, and the result from all that money? Meet the new boss, same as the old boss. Just the latest in this administration's failed Haiti policy.

MANAGED CARE REFORM WILL NOT COST WHAT THE INSURANCE INDUSTRY CLAIMS

(Mr. GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, for months now we have been hearing from the insurance industry that we cannot pass a Patients' Bill of Rights because it would increase costs and open employers to lawsuits, both of which would supposedly force employers to drop coverage.

Essentially, the insurance companies are trying to kill meaningful HMO reform with half truths and scare tactics.

The insurance industry, managed care organizations, HMOs and even big businesses have repeatedly tried to scare the American people saying the bill would dramatically raise premiums and force employers to drop health insurance for their employees.

The American people need to know the truth and that is that the nonpartisan Congressional Budget Office, after thoroughly analyzing each section of the Patients' Bill of Rights, has determined that the bill would cost beneficiaries less than $2 a month.

In the State of Texas, where I come from, we have 2 years of experience with no increase attributable to the protections that we are trying to pass on the Federal level. That is right, for less than the cost of a Happy Meal, patients in HMOs would have what they really need, which is fairness, protection, and accountability.

Another of the scare tactics is businesses will drop health insurance coverage. There has been no exodus by employers to drop health coverage in Texas after 2 years of the law. What we see is more States following the Texas experience. California just has, and what we need is to make sure we pass a law that affects all Americans and not just those under State insurance policies.

IT IS TIME TO RETHINK THE MINIMUM WAGE AND GIVE STATES FLEXIBILITY

(Mr. DEMINT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DEMINT. Mr. Speaker, as we begin to talk about the minimum wage in the coming weeks, our first priority should be to improve the lives of American workers. Although we may disagree on how to do this, we should all recognize the important role that States play in this debate. Our States are all different. Nearly every economic measure that we track varies by State: The cost of living, unemployment rates, tax burdens, welfare caseloads, and average wages. Yet the Federal Government still has a one-size-fits-all wage policy that supposedly works as well in Arkansas as it does in New York.

Mr. Speaker, a State flexibility approach to the minimum wage would address these differences by allowing each governor and State legislature to play a role in determining the appropriate increase for their State. State flexibility is not about whether or not we raise the minimum wage but it is about who raises it. I urge my colleagues to help secure the future for American workers by sending these decisions back home.

WE HAVE THE REPUBLICAN CONGRESS TO THANK FOR FAVORABLE BUDGET NEWS

(Mr. WICKER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WICKER. Mr. Speaker, yesterday the President showed how easy it is to pick up a magic marker and write some favorable budget information on a poster. It is quite another thing, as we know, to actually make the tough decisions that have gotten us to a balanced budget. And forgive the partisanship, Mr. and Mrs. America, but we have the Republican Congress to thank for yesterday's favorable budget news.

It is easy to forget back in 1993 and 1994, when President Clinton and the Democrats had this town all to themselves and made no progress on balancing the budget. As a matter of fact, the President would not even try. In 1995, he came before this Congress and proposed budget deficits of $300 billion a year as far as the eye could see.

Now that we actually have a budget surplus, Republicans want to pay down the debt and give a portion of that surplus back to the taxpayers in the form of tax relief.

President Clinton talks about making additional ''investments''. From the person who raised taxes but called them ''contributions'' and ''sacrifices'', additional national investments sounds like a lot of new Federal spending to me.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. GIBBONS). The Chair will remind Members to address their remarks to the Chair and not to the viewing public.

OUR SENIORS NEED TO KNOW THAT SOCIAL SECURITY FUNDS ARE PROTECTED FROM THIS DAY FORWARD

(Mr. KINGSTON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KINGSTON. Mr. Speaker, it is time to stop the Clinton raid on Social Security funds. Just think about this. If someone was working in a business and that business had a 401(k) or a pension plan, say it was the Georgia Widget Company and your name was Peggy and you had been working there for all of these years saving up and putting money into the 401(k) and then your retirement came and the owner of the widget company said, Peggy, I am sorry, we have spent your money on widgets and on tools that we need for the production of widgets and then the new driveway out there and some new trucks last year. Well, of course, that person would have the right to sue, which is what that worker would do.

The American seniors have had the same thing happen to them. After 30 years of Democrat-raiding of Social Security, they have put Social Security funds into a trust that has been taken out for roads and bridges and congressional salaries and government programs. It is time to stop that. It is time to put Social Security money in a lockbox for only Social Security use; no other use.

If the President could get the liberals over there in his party in the other body to pass the lockbox legislation, which already passed the House, we could go home and tell our seniors their Social Security funds are protected from this day forward.

BY REDUCING THE NATIONAL DEBT, AMERICANS WILL BE ABLE TO AFFORD MORE

(Mr. BALDACCI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BALDACCI. Mr. Speaker, I am really pleased to be here today to commend the President for his economic leadership and bringing about a balanced budget back in 1993, and to be able to get our country on a fiscally sound footing and to be able to try to begin the process of retiring some of our debt.

A lot of the small businesspeople in Maine that have spoken to me have said that what we need to do is reduce the interest rates. We need to retire the debt and lessen the interest payments that we are making each year on the debt. This year our interest payments are going to total $233 billion. By being able to reduce the interest on the debt and the interest that we pay, we are going to be able to afford people an opportunity to afford a house, afford a car, afford a student loan.

For example, by reducing by 1 percent a $100,000 loan for a home or for a major purchase, that individual will save over $60 a month; and over a 30-year mortgage will save close to $24,000. That is going to do more to keep our economy healthy and keep our economy growing. That is the kind of leadership that we have been getting from the White House and we appreciate staying on that track.

THE PRESIDENT SHOULD RELEASE DOCUMENTS ON HIS DECISION TO RELEASE FALN TERRORISTS

(Mr. ROYCE asked and was given permission to address the House for 1 minute.)

Mr. ROYCE. Mr. Speaker, President Clinton will not release documents detailing the decision to grant 16 members of the FALN terrorist group clemency. The Clinton administration has an obligation to explain why it has let these terrorists out of prison. They claim the decision was not political and that it had been in the process for years. If so, show us the papers.

By claiming executive privilege, he is telling the American people that it is none of their business.

This is not right. It is the business of the American people. It is certainly the business of Detective Anthony Semft, a victim of FALN terrorism. The terrorism bomb left the police officer without sight in one eye, a 60 percent hearing loss and a fractured hip.

The House opposed and the Senate deplored the President's actions. Virtually every law enforcement agency in

the country opposed clemency for the FALN terrorists. The Government Reform and Oversight Committee asked President Clinton to explain himself to the American people, to release the papers that showed why this was done, and not hide behind executive privilege. Mr. President, release those papers.

WE SHOULD LOOK AT THE FACTS AND NOT AT FICTION

(Mr. LANTOS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LANTOS. Mr. Speaker, I did not intend to speak this morning, but one of my colleagues on the other side aroused my interest and curiosity sufficiently to make me rise and speak to this issue.

Mr. Reagan's new biography is already controversial because it is predicated on the insights of a fictional character. Well, we have just had a fictional representation of what happened to the American economy in recent years. It was in 1993—when without a single Republican vote in the House or in the Senate—we changed the course of this economy which is now resulting in huge budget surpluses.

It is remarkable that a book that has not even been released already has such a major impact that my colleagues on the other side engage in a fictional representation of what happened to the American economy during the last 7 years.

Our economic indices are at an all-time favorable position; low unemployment, low inflation, high productivity, and the Clinton-Gore administration was in charge.

WE SHOULD STOP PRETENDING AND FACE THE REAL ISSUE, WHICH IS THE NATIONAL DEBT

(Mr. SMITH of Michigan asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Michigan. Mr. Speaker, following up on the previous speaker, I would just like to suggest that since this administration took office, the public debt has increased $1.5 trillion, but that is not just the President; that is Congress and the President who control borrowing and spending.

We have decided to keep on borrowing and spending. So every year we have increased the public debt of our federal government.

To suggest that tax increases result in a stronger economy would be contrary to what almost every economist says. The previous speaker is correct—the 1993 largest tax increase in history was passed by Congress and the President without a single Republican vote.

I am going to send a copy of our debt history out as a ''dear colleague'' so that everybody is fully aware of what is happening to our public debt. We now owe roughly $5.6 trillion. Ten years ago, it was half that amount.

It seems important to me that we understand that we have three parts of our public debt. One is what I call Wall Street debt, about $3.6 trillion. One is Social Security debt, approaching $1 trillion, and then the other 122 trust funds and intergovernment transfers, which is another $1.2 trillion. We cannot pretend to pay down one part of the debt without considering what we are doing to the total debt of this country. It is all debt. It all has to be paid back, if not by us, by our kids and grandchildren.

WE MUST PUT A STOP TO THE RAID ON SOCIAL SECURITY

(Mr. BARTLETT of Maryland asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BARTLETT of Maryland. Mr. Speaker, the President and House Democrats want to continue their 30-year raid on the Social Security trust fund but Republicans have drawn a line in the sand. First, we forced the President to agree to our lockbox provision, which walls off the Social Security trust fund from Washington politicians who want to use it for new Federal spending. Now we want to protect the Social Security money from the big government liberals who want to increase spending and increase the size and power of the Federal Government.

The President's budget would spend $57 billion of the Social Security surplus in the fiscal year 2000 budget alone. We must put a stop to the raid on Social Security. Stop the raid. Let us put an end to 30 years of fiscal irresponsibility.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 8 of rule XX, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Such rollcall votes, if postponed, will be taken later today.

EXPRESSING SENSE OF HOUSE REGARDING EAST TIMOR

Mr. GILMAN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 292) expressing the sense of the House of Representatives regarding the referendum in East Timor, calling on the Government of Indonesia to assist in the termination of the current civil unrest and violence in East Timor, and supporting a United Nations Security Council-endorsed multinational force for East Timor, as amended.

The Clerk read as follows:

H. RES. 292

Whereas on May 5, 1999, the Governments of Portugal and Indonesia and the United Nations concluded an historic agreement intended to resolve the status of East Timor through a popular consultation based upon a universal, direct, and secret ballot;

Whereas the agreement gave the people of East Timor an opportunity to accept a proposed special autonomy for East Timor within the unitary Republic of Indonesia or reject the special autonomy and opt for independence;

Whereas on August 30, 1999, 98.5 percent of registered voters participated in a vote on the future of East Timor, and by a vote of 344,580 to 94,388 chose the course of independence;

Whereas after the voting was concluded, violence intensified significantly in East Timor;

Whereas the declaration by the Government of Indonesia of martial law in East Timor failed to quell the violence;

Whereas it has been reported that hundreds of people have been killed and injured since the violence began in East Timor;

Whereas it has been reported that as many as 200,000 of East Timor's 780,000 residents have been forced to flee East Timor;

Whereas it has been reported that East Timor militias are controlling the refugee camps in West Timor, intimidating the refugees and limiting access to the United Nations High Commissioner for Refugees, relief agencies, and other humanitarian non-governmental organizations;

Whereas it has been reported that a systematic campaign of political assassinations that has targeted religious, student, and political leaders, aid workers, and others has taken place;

Whereas the compound of the United Nations Mission in East Timor (UNAMET) was besieged and fired upon, access to food, water, and electricity was intentionally cut off, and UNAMET personnel have been killed, forcing the temporary closure of UNAMET in East Timor;

Whereas Catholic leaders and lay people have been targeted to be killed and churches burned in East Timor;

Whereas the international community has called upon the Government of Indonesia to either take immediate and concrete steps to end the violence in East Timor or allow a United Nations Security Council-endorsed multinational force to enter East Timor and restore order;

Whereas on September 9, 1999, the United States suspended all military relations with Indonesia as a result of the failure to quell the violence in East Timor;

Whereas on September 12, 1999, Indonesian President B.J. Habibie announced that Indonesia would allow a United Nations Security Council-endorsed multinational force into East Timor;

Whereas on September 15, 1999, the United Nations Security Council approved Resolution 1264, authorizing the establishment of a multinational force to restore peace and security in East Timor, to protect and support UNAMET in carrying out its tasks and, within force capabilities, to facilitate humanitarian assistance operations, and authorizing countries participating in the multinational force to take all necessary measures to fulfill this mandate; and

Whereas on September 20, 1999, the multinational force led by Australia arrived in East Timor and began to deploy for an initial period of four months until replaced by a United Nations peacekeeping operation, or as otherwise determined by the United Nations Security Council: Now, therefore, be it

Resolved, That the House of Representatives—

(1) congratulates the people of East Timor on their exemplary participation in the August 30, 1999, popular consultation;

(2) commends the professionalism, determination, and courage of the United Nations Mission in East Timor (UNAMET) personnel in support of the August 30, 1999, vote on the future of East Timor;

(3) recognizes the overwhelming expression of the people of East Timor in favor of independence from Indonesia;

(4) condemns the violent efforts of East Timor militias and elements of the Indonesian military to overturn the results of the August 30, 1999, vote;

(5) notes with grave alarm the failure of the Government of Indonesia, despite repeated assurances to the contrary, to have guaranteed the security of the people of East Timor and further notes that it was the responsibility of the Government of Indonesia to restrain elements of the Indonesian military and paramilitary forces and restore order in East Timor;

(6) calls upon the Government of Indonesia to recognize its responsibilities as a member of the United Nations and a signatory to the Universal Declaration of Human Rights to cooperate with appropriate United Nations authorities in the restoration of order in, and the safe return of refugees and other displaced persons to, East Timor;

(7) urges the Government of Indonesia to allow unrestricted access to refugees and displaced persons in West Timor and elsewhere and to guarantee their safety;

(8) urges the international community to investigate the human rights abuses and atrocities which occurred with respect to the situation in East Timor subsequent to August 30, 1999, and calls upon the Government of Indonesia to hold accountable those responsible for these acts;

(9) notes with approval the decision of the United States to suspend military relations with, and the sale of any military weapons or equipment to, the Government of Indonesia until the Indonesian military has effectively cooperated with the international community in facilitating the transition of East Timor to independence;

(10) expresses approval of Indonesia's belated decision to allow the United Nations Security Council-endorsed multinational force into East Timor;

(11) expresses support for a rapid and effective deployment throughout East Timor of the United Nations Security Council-endorsed multinational force;

(12) urges that the United States consider additional measures, including the suspension of bilateral and international financial assistance (except for humanitarian assistance and assistance designed to promote the development of democratic institutions) to the Government of Indonesia should it curtail or suspend cooperation with the multinational force in East Timor, interfere with the full deployment of this multinational force, hinder the operation of UNAMET, hinder the safe return of refugees and displaced persons to East Timor, or otherwise interfere with the restoration of order and respect for human rights in East Timor;

(13)(A) expresses approval of United States logistical and other technical support for the multinational force for East Timor; and

(B) declares that neither subparagraph (A) nor any other provision of this resolution—

(i) shall constitute a waiver of any right or power of the Congress under the War Powers Resolution (50 U.S.C. 1541 et seq.); or

(ii) shall be construed as authority described in section 8(a) of the War Powers Resolution (50 U.S.C. 1547(a));

(14) strongly commends Australia for its willingness to lead the multinational force for East Timor and for rapidly deploying its initial contingent of forces and welcomes and commends New Zealand, Canada, Thailand, the United Kingdom, Singapore, the Philippines, Italy, Brazil, France, and other nations that will participate in this force;

(15) urges the Indonesian People's Consultative Assembly to expeditiously ratify the vote of August 30, 1999, in East Timor and to otherwise speed the transition to full independence for East Timor; and

(16) recognizes that an effective United States foreign policy for this region requires both an effective near-term response to the ongoing humanitarian crisis in, and progress toward independence for, East Timor and a long-term strategy for supporting stability, security, and democracy in Indonesia and East Timor.

□ 1030

The SPEAKER pro tempore (Mr. GIBBONS). Pursuant to the rule, the gentleman from New York (Mr. GILMAN) and the gentleman from California (Mr. LANTOS) each will control 20 minutes.

The Chair recognizes the gentleman from New York (Mr. GILMAN).

GENERAL LEAVE

Mr. GILMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on House Resolution 292.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. GILMAN. Mr. Speaker, I yield myself such time as I may consume.

(Mr. GILMAN asked and was given permission to revise and extend his remarks.)

Mr. GILMAN. Mr. Speaker, I am pleased to rise in support of House Resolution 292, expressing the sense of the House of Representatives regarding the referendum in East Timor and the tragic events which followed.

I want to thank the gentleman from Nebraska (Mr. BEREUTER), our distinguished chairman of the Subcommittee on Asia and the Pacific, for his leadership in helping to bring this very timely measure before us today. This measure has broad bipartisan support, and we are proud to bring it at this time to the House floor. I am proud to be a cosponsor.

Mr. Speaker, we are all very troubled by the situation in East Timor. Although the first elements of the multinational force, led by our friends, the Australians, and supported by some of our American troops, have landed on the island, there are still many critical challenges ahead. The extent of these challenges is now only becoming known.

First, the government of Indonesia must abide by the commitment to respect the results of the August 30 referendum and the rights of the East Timorese to a peaceful transition to independence.

I have been informed that some 325,000 citizens of East Timor were forced to leave East Timor under gun point, and only very few of them have returned at this point.

President Habibie's comments, though tragically late, that Indonesia ''must honor and accept that choice,'' I think is an important step forward. However, I hope his words are going to be fulfilled by deeds. Accordingly, the Indonesian parliament must ratify the popular decision of the people of East Timor at an early date and set East Timor on its course to independence.

Secondly, the Indonesian military, which participated in the violence and aided and abetted the militias, should fully withdraw from East Timor. This will allow refugees and displaced persons to return home from West Timor and elsewhere, confident of their safety, something they will not do unless they are assured of their safety. It will also reduce the likelihood of a clash with the multinational force.

Third, I urge the international community to investigate the human rights abuses and the atrocities which occurred in the aftermath of the elections, and I call upon the government of Indonesia to hold fully accountable those responsible for those reprehensible acts of violence.

Finally, in light of these devastating events, the administration should reevaluate its military relationship with the Indonesian armed forces. The Pentagon should conduct a full scale review of its military-to-military relationship with Jakarta, including the effectiveness of the IMET program, joint training and exercises, and arms sales.

The Pentagon should not reinstitute any aspect of our military relationship without a full consultation with the Congress.

Mr. Speaker, I am pleased to bring this important measure to the floor for consideration today. I strongly urge my colleagues to support the resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. LANTOS. Mr. Speaker, I yield myself such time as I might consume.

Mr. Speaker, first I want to commend the distinguished gentleman from Nebraska (Mr. BEREUTER) for introducing this resolution. I want to commend the gentleman from New York (Chairman GILMAN) and the gentleman from Connecticut (Mr. GEJDENSON), the ranking member, for their strong support of this resolution. I, of course, rise in strong support of H. Res. 292.

First, Mr. Chairman, we are all pleased that the multilateral peacekeeping force has arrived in East Timor. It has begun the long process of restoring peace and stability. I think we all need to be appreciative of the Australians for being willing to take the lead on this most difficult mission.

Despite the arrival of the peacekeeping mission, Mr. Speaker, there are tens of thousands of East Timorese living in the hills, surviving as best they can. Many are afraid to come down until they know that the anti-

independence militias are no longer roaming the streets, pillaging and killing. I am convinced that everyone's hope is that the peacekeeping force will restore order to East Timor as soon as possible so that families may return and start the enormously difficult job of rebuilding and reconstruction.

The resolution before us endorses the policy of our administration to provide logistical and technical support for the multilateral force. We are always at our best, Mr. Speaker, when we speak with a bipartisan voice, and we do so on this issue. Given the humanitarian crisis in East Timor and the need to pave the way for a stable and independent East Timor, we must use whatever resources we have in the region to ensure the success of the peacekeeping mission.

I also strongly support the language in the resolution, Mr. Speaker, calling on the administration to suspend support for bilateral and multilateral assistance to Indonesia until the multilateral peacekeeping force is fully deployed, the refugees are able to return to their homes, order is restored, and human rights are respected.

The Indonesian military, Mr. Speaker, has blood on its hands for its behavior over the past few months. We must keep the pressure on the Indonesian Government to finally do the right thing.

Parenthetically, Mr. Speaker, let me indicate that I am working on companion legislation that will make the Indonesian Government fully responsible for all of the financial costs involved in this human tragedy. It is with the acquiescence and connivance of the Indonesian Government that East Timor has been destroyed, physically destroyed; and the cost of rebuilding this tiny entity should be borne entirely by the government of Indonesia.

My legislation will oppose any bilateral or multilateral aid through any instrumentality—the World Bank, the IMF, or other organizations, until the government of Indonesia fully accepts its financial responsibility for this sickening outrage that has unfolded on the island of East Timor.

I also wish to express my deep concern, Mr. Speaker, about the plight facing over a quarter million East Timorese refugees who are now in refugee camps in West Timor. There are reports that the militias are targeting East Timorese leaders in these camps. It is critical that international observers get full and complete access to these camps immediately.

I would also like to add my regret and concern for the failure of the Japanese Government to participate in the peacekeeping effort. Time is long overdue for Japan to get over the Second World War psychological issues. We have German troops in Kosovo, as we should. Germany is a democratic country accepting its responsibility in the international arena. It is long past due for the Japanese Government to do the same. It simply makes no sense that, from the United Kingdom to the Philippines, countries are accepting their peacekeeping responsibilities in East Timor; but the most powerful democratic nation in Asia, Japan, meticulously stays out and stays away from all of these endeavors.

I am developing a letter to the Prime Minister of Japan, and I am asking all of my colleagues to join me in signing this letter, calling on him as a friend to recognize Japan's responsibility to participate in missions of this kind, not just financially, but with manpower.

The international community, Mr. Speaker, is now focused on the future, how to make the multilateral peacekeeping operation work effectively, but we must not forget the past. There must be an international inquiry into the atrocities which have been committed in East Timor, including those committed by both members of the militia and the Indonesian military.

Those who committed atrocities will have to face up to the consequences, and they will have to face an international tribunal as have the perpetrators of atrocities in the former Yugoslavia.

Mr. Speaker, I reserve the balance of my time.

Mr. GILMAN. Mr. Speaker, I am pleased to yield 5 minutes to the gentleman from Texas (Mr. PAUL).

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Speaker, I rise in opposition to this resolution, not because I lack concern for the serious problems that the East Timorese are undergoing, and not for lack of humanitarian concerns for this group of people or anybody in the world. It is just that there is another side to the argument for us intervening. And, besides, we helped create the problem in Indonesia.

In the 1970's, we were very supportive of the Indonesian Government in their takeover of East Timor after it became independent from Portugal. So once again, here we are intervening.

I would like to advise my colleagues that we are not just endorsing a humanitarian effort to help people who are suffering. We are literally giving the President carte blanche to go and commit war in this area. We are committing ourselves to troops, and it is an open-ended policy.

We complained a whole lot about what was happening in Kosovo. And that operation has not ended. It is continuing. This is just another example of being involved, although with good intentions, but with unintended consequences just hanging around the corner. I would like to point out that some of those unintended consequences can be rather serious.

I would like to call my colleagues' attention to number 11 under the resolve clause, making these points. Number 11 says it ''expresses support for a rapid and effective deployment throughout East Timor of the United Nations Security Council-endorsed multilateral force.'' This means troops.

Our Security Council has already decided to send troops to East Timor. What we are doing today is rubber stamping this effort to send troops into another part of the world in a place where we have no national security interests. We do not know what victory means. We do not know what lies ahead.

In addition, under number 13, it ''expresses approval of United States logistical and other technical support for deployment of a multinational force for East Timor.'' Troops, that is what it means, endangerment and risk that this could escalate.

Under number 13, there is another part that concerns me a great deal. In the 1970s, we passed the War Powers Resolution. Both conservatives and liberals, Republicans and Democrats endorsed the notion that Presidents should be restrained in their effort to wage war without declaration.

Once again, we are endorsing the concept that, if we just subtly and quietly endorse a President's ability and authority to go into a foreign country under the auspices of the United Nations, we do not have to deal with the real issue of war. But under 13(B), it explicitly restates the fact that a President in this situation can at least wage war for 60 days before we have much to say about it.

I think this is dangerous. We should be going in the other direction. This is certainly what was expressed many, many times on the floor during the Kosovo debates. But we lost that debate, although we had a large number of colleagues that argued for non-involvement. We are now entrenched in Kosovo, and we are about to become entrenched in East Timor, not under the auspices of the United States, but under the United Nations.

□ 1045

I do not see that the sanctity and the interests of the United States will be benefitted by what we are getting ready to do.

Number 16 under the resolved clause, ''recognizes that an effective United States foreign policy for this region requires both an effective near-term response to the ongoing humanitarian violence in, and progress toward independence for, East Timor.''

If we decide that we have to fight for and engage troops for everybody who wants to be independent, we have a lot of work ahead of us. And, in addition, in the same clause, ''and a long-term strategy for supporting stability, security and democracy.''

This is a major commitment. This is not just a resolution that is saying that we support humanitarian aid. This is big stuff. The American people ought to know it, the Members of Congress ought to know it.

This resolution became available to me just within the last 20 minutes. It

has been difficult to know exactly what is in it, and yet it is very significant, very important; and we in the Congress should not vote casually and carelessly on this issue. This is a major commitment. I think it is going in the wrong direction, and we should consider the fact that there are so often unintended consequences from our efforts to do what is right.

I understand the motivation behind this, but tragically this type of action tends to always backfire because we do not follow the rule of law. And the rule of law says if we commit troops, we ought to get the direct and explicit authority from the Congress with a war resolution. This, in essence, is a baby war resolution, but it is a war resolution.

Mr. LANTOS. Mr. Speaker, I yield myself such time as I may consume, and I want to commend my colleague from Texas for stating the case for isolationism and appeasement as eloquently as he has. It is appropriate when we are discussing a major international issue that the various positions be laid out clearly so we can make an intelligent decision.

In this century we have had numerous instances when in this body the voices of isolationism presented their case. And whenever they prevailed—and they prevailed from time to time—the cost in blood and treasure later on was infinitely greater than it would have been had the perpetrators of violence and human rights abuse—whether they were called Hitler or Saddam Hussein or the Indonesian militia or the thugs of Milosevic—had they been stopped early on, the cost would have been infinitely less in both blood and treasure.

Here now we have the case of East Timor. My friend from Texas, instead of placing the burden of blame on the thugs who have persecuted a small Catholic minority in a large Muslim nation, the largest Muslim nation on the face of this planet, blames the United States for contributing 200 individuals and providing logistical and technical assistance to an international peacekeeping armada. I could not disagree with him more strongly.

One of the great victories that I am sure we all cherished was the collapse of the Soviet empire. The Soviet empire and the threat it represented to civilized democratic peace-loving nations across the globe was clearly one of the greatest threats of the 20th Century. And it was the determination of the United States and our allies, in facing up to the mighty Soviet Union, that resulted in the collapse of the Soviet empire and the fact that large numbers of countries, from Poland to the Czech Republic, are now democratic and free, and three of them are now members of NATO.

Now, if we did not yield to the threats of the gigantic Soviet Union, a powerful nuclear nation with vast conventional forces, it would be intriguing to know why we should now yield to the militia thugs in East Timor who are denying the Catholic population of that little island their right to live under rules and authorities and leadership of their own choosing. I have difficulty following the logic.

If the Soviet Union could be resisted by Democratic and peace-loving nations, it is hard to see why Milosevic should not be resisted in Kosovo and why the thugs of the militia in East Timor should not be resisted by democratic forces.

Let me also point out to my friend, as he well knows, it is our ally, Australia, which is carrying the bulk of the load in East Timor. That is as it should be. Australia is the most powerful military force in the whole region, and our friends in Australia willingly and proudly accepted their international responsibility. For the United States to bail out on this effort would undermine our long-term policy, conducted by Democratic and Republican presidents, supported by Democratically controlled and Republican controlled Congresses, of speaking out for and taking a stand on the matter of collective security.

I think it is important to realize that there is a common thread running through our opposition to the Japanese warlords in the Second World War, to Mussolini and Hitler, to the long regime of Joseph Stalin, and to other dictators ranging from Saddam Hussein through Milosevic to the militia, the thugs, in East Timor. To argue at the end of the 20th century that we should revert to isolationism is really a sorry spectacle. What it reveals is that nothing, nothing has been learned from the bloody experiences of this entire century, which so clearly demonstrate that neither appeasement nor isolationism are proper policies for the United States.

Mr. PAUL. Mr. Speaker, will the gentleman yield?

Mr. LANTOS. I yield to the gentleman from Texas.

Mr. PAUL. Mr. Speaker, I thank the gentleman for yielding. The gentleman makes a good case for the humanitarian needs of the people. My point is that sometimes our efforts do not do what we want.

For instance, the gentleman talks about the thugs that are in Indonesia, those who are violating the rights of the East Timorese. We have to realize that they have been our allies and we helped set up the situation. So our interventions do not always do what we want.

Also, the gentleman talks about the Soviets. We supported the Soviets.

Mr. LANTOS. Reclaiming my time, if I may, Mr. Speaker. If I may remind my colleague of history, it was President Ford and under President Ford's tenure that we acquiesced in the occupation of East Timor by the Indonesian military.

Mr. PAUL. Mr. Speaker, if the gentleman will continue to yield, I think the gentleman is absolutely correct. But I happen to see these things in a very nonpartisan manner. So to turn this into a Republican versus Democrat issue, I think, is in error.

I would like to suggest that the careless use of the word isolationism does not apply to me because I am not a protectionist. I believe in openness. I want people and capital and goods and services to go back and forth. When we trade with people, we are less likely to fight with them.

So the proposal and the program I am suggesting is a constitutional program. I believe it is best for the people. It has nothing to do with isolating ourselves from the rest of the world. It is to isolate ourselves from doing dumb things that get us involved in things like Korea and Vietnam, where we do not even know why we are there and we end up losing. That is what I am opposed to.

Mr. LANTOS. Mr. Speaker, reclaiming my time, I must say to my colleague from Texas that we have heard voices in the last few days on the part of one presidential candidate calling our participation in the Second World War against Hitler a mistake. Now, this is a free country, and people can choose to accept any position that they are inclined to do so.

But let me state for myself that I think our participation in the Second World War was one of the most glorious aspects of the whole of American history. Our standing up to the regime of Stalin and other Communist dictators in the second half of this century is among the most glorious aspects of our history. The work of President Bush in pulling together a coalition in facing up to Saddam Hussein was an important and glorious chapter in our history.

And what we are seeing unfolding in East Timor now represents just another chapter in the determination of the American people and the American government to stand up to the horrendous dictatorships that still are present in many parts of this globe.

And I hope that as we enter the 21st century, this bipartisan policy of rejecting isolationism will continue.

Mr. LANTOS. Mr. Speaker, may I ask how much time both sides have?

The SPEAKER pro tempore (Mr. GIBBONS). The gentleman from California (Mr. LANTOS) has 4 minutes remaining, and the gentleman from New York (Mr. GILMAN) has 11 minutes remaining.

Mr. LANTOS. Mr. Speaker, I reserve the balance of my time.

Mr. GILMAN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. PAUL).

Mr. PAUL. Mr. Speaker, I would like to respond. To try to tie in World War II is not quite fair. I think the gentleman has to admit that we are not talking about that. Besides, I am talking as much about procedure as I am talking about the policy itself.

In World War II there was a serious problem around the world. It was brought to this Congress. We voted on

a war resolution. We went to war. The country was unified, and we won. That is what I endorse, that procedure. What I do not endorse is us getting involved the back-door way; getting involved carelessly and casually. Not realizing what we are doing.

I come to the floor only to try to warn my colleagues of what they are voting on today; that this is not just a simple humanitarian resolution. It is the process I'm concerned about. If we bring a war resolution to the floor and say, look, we need to go to war to defend the East Timorese, we can vote it up and down and decide to go over and settle it in 2 or 3 months. But we should not do what we are doing now, to endorse internationalism, or interventionism that inevitably fails.

I think there is a better way to proceed, and it is written in the Constitution.

Mr. GILMAN. Mr. Speaker, I yield such time as he may consume to the gentleman from Nebraska, (Mr. BEREUTER), the chairman of our Subcommittee on Asia and the Pacific of the Committee on International Relations.

(Mr. BEREUTER asked and was given permission to revise and extend his remarks.)

Mr. BEREUTER. Mr. Speaker, I thank the gentleman for yielding me this time. It is interesting to hear the comments that have taken place here on the floor in this resolution. Let me assure my colleagues who are listening, who are watching, that the anxieties of the gentleman from Texas are not well taken. This resolution has been carefully drafted. This is a gentleman who is concerned about the promiscuous use of our military forces on peace enforcement, peacekeeping activities around the country. As I will try to show point by point, the concerns of the gentleman have been taken into account. And, in fact, what we are doing here has been very carefully crafted and is appropriate as a military and foreign policy response to the crisis in East Timor.

I want to thank first of all the distinguished chairman of the House Committee on International Relations, the gentleman from New York (Mr. GILMAN), and the distinguished Democratic ranking minority member, the gentleman from Connecticut (Mr. GEJDENSON), for their support of this legislation. But in particular I wish to thank my colleague, the gentleman from California (Mr. LANTOS).

□ 1100

By the way, I might say in general that he and I and indeed his predecessor, the gentleman from California (Mr. BERMAN), his ranking member, have worked on the Subcommittee on Asia and the Pacific in a very careful bipartisan fashion and the interaction between our staff I think has been appropriate on foreign policy matters.

I do think, of course, we will find times when we disagree even on foreign policy issues, but we have worked carefully together to preserve whenever possible a bipartisan consensus. We have it in this legislation, and I thank him for his effort.

I also want to thank the gentleman from Florida (Mr. HASTINGS), the gentleman from Florida (Mr. GOSS), the gentleman from California (Mr. POMBO), and the gentleman from Massachusetts (Mr. CAPUANO) in particular for their direct assistance in drafting this resolution.

I might say regarding the distinguished chairman of the House Permanent Select Committee on Intelligence, the gentleman from Florida (Mr. GOSS), his concern was that we not just focus on the immediate but we take a look at the long-term requirements and concerns that we ought to have in a foreign policy sense towards Indonesia and East Timor; and we have attempted to reflect that fact as well.

Now, there were some things where I certainly disagree on a matter of historical perspective with the gentleman from Texas (Mr. PAUL). The story of East Timor is comprised of chapter after chapter of suffering and tragedy. After 450 years of neglect, Portugal abandoned this impoverished, disease-ridden colony in 1975 without providing any preparations for future self-governance.

If we look back in that period of time, of course, Portugal had extreme political, domestic problems and they abandoned all of their colonies in Africa and in the Pacific overnight. Of all of the colonies, East Timor was the most impoverished. In fact, it is said there was not a single college-educated person in that Portuguese colony to take on the responsibilities of self-governance.

In contrast to what the gentleman from Texas (Mr. PAUL) has said, the United States never recognized the sovereignty of Indonesia over East Timor. We never took that step. They can criticize American foreign policy, even Republican and Democratic administrations, for some of our relationships with Indonesia, even as they relate to East Timor. But I want to make it clear that we never recognized that sovereignty when the Portuguese pulled out.

As we visited with Commissioner Chris Patten of the European Union last week, we talked about the European Union's responsibilities; but we also talked about the statements that Portugal has made about their responsibility and willingness to help finance the first few years of operation, I think five was mentioned, of an independent East Timor.

I believe because of the rejection of the autonomy provision before the Timorese people, it is clear that East Timor is moving towards independence. That may be difficult. We hope that it is not. The international community needs to be there and support them in that effort. And part of that requirement is addressed by this resolution.

It is clear that it is going to be very difficult for the Timorese on that end of the island to maintain an independent state. So it is going to need a lot of assistance from the world community in general.

Well, as a result of what happened then, East Timor erupted into a very bloody civil war in which all factions were vying for power and they engaged in human rights abuses against their own kinsmen. Famine soon followed. Indonesia invaded the territory in 1975, annexed East Timor in 1976, proclaiming it as Indonesia's 27th province. This annexation, as I said, was never recognized by the United Nations or the United States.

While Indonesia devoted significant infrastructure and desperately needed development resources to East Timor, Jakarta ruled the territory with an iron fist, as vividly exemplified by the massacre of peaceful East Timorese demonstrators in Dili in 1991.

Indeed, Indonesia's repressive actions in East Timor have been a festering sore in U.S.-Indonesian bilateral relations. It has been the largest complicating factor in our relationship with this, the world's fourth most populous, country.

After years of Indonesian intransigence, President Habibie took the bold step towards resolving the long-standing problem of East Timor. And he did it, I think it is fair to say, over the opposition of the Indonesian military. But last January, he seemingly brushed aside the reservations of the military, which considered East Timor its special domain, and surprised the world by offering the people of East Timor an opportunity to determine their own future through the ballot box and under U.N. auspices.

There was, perhaps, at that time a general sense of guarded optimism prompted by the reassurances of President Habibie and Armed Forces Chief General Wiranto that Jakarta would live up to its promises to maintain order and create an environment conducive for a safe and fair election. But that proved not to be a realistic assessment, as we all know.

Despite increased violence and intimidation by Indonesian military-supported militia, however, on August 30 of this year, a record 98.6 percent of the registered East Timorese voters went to the polls with 78 percent of them choosing in effect by rejecting the autonomy provision choosing independence. The will of the people of East Timor is clear and overwhelming.

It is evident by the horrific events in East Timor which followed this vote that the Indonesian Government, and particularly the Indonesian military, was deliberately unwilling or perhaps in some cases unable to uphold their responsibilities to provide peace and security.

Indonesia demanded this responsibility and the international community, through the United Nations, entrusted Indonesia with it. Instead, elements of the Indonesian military were

directly responsible for the destruction, the mayhem, the murder that enveloped East Timor. Indonesia should be aware that its abject failure to live up to its promises and its complicity in that destruction of East Timor, especially the capital, Dili, will likely have long-term and far-reaching negative consequences.

On September 12, 1999, under pressure especially from this country, from our administration and from the Congress, and also from the Secretary General, President Habibie reluctantly announced that Indonesia would allow a United Nations Security Council-endorsed multilateral force into East Timor. The first contingent of that force, led by Australia and involving 10 or more countries, which are specifically mentioned in this resolution, began to arrive in a limited number on September 20.

The gentleman from California (Mr. LANTOS) has already talked about the major contributions that the Australians have made, their willingness to step forward. This is the kind of regional initiative by our allies that we have been encouraging around the world that we would like to see take place in Africa, that we would have liked to have seen take place in Europe. The Australians stepped forward, as they have so many times, always by our side for 80 years, the most loyal of all the allies. They were the neighboring country. They had the military force. They felt a sense of responsibility, and they stepped forward.

Our resolution does not suggest we are going to have a massive effort to involve our military forces there. We have 200, most of whom are in Darwin, Australia, not in East Timor itself.

We specifically mention in section 13(a) that we express approval of the United States logistical and other technical support for the multinational force in East Timor. We do not talk about combat troops. We are very specific in what we are suggesting there. And in 13(b) we specifically address the issue of the War Powers Act. We preserve the prerogatives of the Congress under the Constitution, a matter that is protested by the executive branch and Congress, but we do nothing to set aside our prerogatives that we think we maintain in this House of Representatives.

So the concerns of the gentleman expressed here earlier about some grant of power are just not here, and I encourage him to look again at section 13.

I also want to say that I think this legislation is one that my colleagues should endorse. It is an appropriate step in foreign policy and defense. I urge support of the resolution.

House Resolution 292 supports the referendum that occurred in East Timor and our acceptance of the results. Among its other provisions, it expresses concern about Indonesia's failure to provide safety and security to the people of East Timor and condemns the militias and the elements of the Indonesian military that have engaged in violence. It urges the international community to investigate the human rights abuses that have occurred and calls on Indonesia to hold accountable those responsible for such acts. The Resolution urges the unrestricted access to and safe return of refugees and displaced persons in West Timor and elsewhere. It supports the consideration of additional economic and other sanctions against Indonesia should Indonesia not cooperate with or hinder the multinational force, the civilian UNAMET, the safe return of refugees or the transition to independence for East Timor. This measure also supports the limited U.S. logistical and other technical support for the multinational force for East Timor. And, it strongly commends Australia and the other multinational force contributors for their willingness to rapidly deploy this rescue force for East Timor.

Mr. Speaker, H. Res. 292 also recognizes that an effective United States foreign policy for the region requires both a near-term response to the ongoing humanitarian crisis in, and progress toward independence for, East Timor and a long-term strategy for supporting stability, security and democracy in Indonesia. This Member stresses to his colleagues that while CNN and many of us in this Chamber have focused on the crisis affecting 800,000 people on East Timor, we must not lose sight of the more important relationship we need to rebuild and maintain with 209 million other Indonesians. Previous congressional actions which were focused on East Timor have largely been counterproductive and have resulted in us losing overall access and leverage in Indonesia, particularly with the Indonesian military as evidenced by our limited ability influence and temper its role in East Timor.

Mr. Speaker, the pending resolution, however, is a responsible, balanced statement. It certainly condemns those Indonesian actions that warrant condemnation. It supports the will of the East Timorese people and the multinational force being deployed in East Timor. It also helps provide direction for a more peaceful and cooperative future for both Indonesia and East Timor. Therefore, this Member strongly urges his colleagues to support House Resolution 292.

Mr. GILMAN. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore (Mr. GIBBONS). The gentleman from New York (Mr. GILMAN) has no time remaining. The gentleman from California (Mr. LANTOS) has 4 minutes remaining.

Mr. LANTOS. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. BILBRAY).

Mr. BILBRAY. Mr. Speaker, today we are not just taking a resolution, and I want to support this resolution, but it is not just about East Timor.

As my colleague from California has pointed out in the past and the President has pointed out, the United States cannot be the policeman all over the world for everyone all the time. We cannot be expected to carry that responsibility, and we should not.

This resolution recognizes, in my opinion, the new world order of peacekeeping that we need to look forward to going into the next millennium; and that is an order that says the United States will be involved anywhere and everywhere it can be, but the nations and the communities where the problems occur must take the lead, they must take the responsibility of being the regional leaders.

Australia and her Asian allies have taken this responsibility and set an example for not only other countries in Europe and Africa, but also for us that we should be engaged; but we should also recognize that the responsibility of world peacekeeping, of human rights, is not just uniquely an American responsibility. It is time that we recognize that part of maturing as a society is to make sure that everyone participates.

This resolution supports a strategy that shows that we are now participating with but not doing for the rest of the world what they need to do for themselves.

Mr. LANTOS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I think we had a lively and spirited and useful debate. I have no further requests for time. I call on all of my colleagues to support this carefully crafted, bipartisan legislation.

Mr. UDALL of Colorado. Mr. Speaker, I rise in support of this resolution

On May 5, the United Nations and the Indonesian government signed an agreement to allow an independence referendum in the territory of East Timor. UN Secretary General Kofi Annan called the signing ''an historic moment.''

As part of the agreement, the Indonesian government promised to maintain order and security during and after the August 30 vote. Nearly five months later, it is clear that the Indonesian government did not fulfill its end of the bargain. In addition, the government-sponsored military has been a willing participant in the carnage that has torn apart the East Timorese capital and that threatens to destabilize this country of 200 million.

In the days after the referendum, thousands of East Timorese were driven from their homes and untold numbers were killed. I am hopeful that the recent arrival of the Australian-led multinational peacekeeping mission will bring a measure of peace to the region. But the continuing support of the Indonesian government for the peacekeeping mission is crucial.

President Habibie said himself last week that ''we must honor and accept'' the choice of the people of East Timor to become independent. In voting to support a multinational peacekeeping force in East Timor, we are sending a strong message that we endorse this view and that we won't ignore the democratically expressed wishes of the East Timorese people.

Mr. Speaker, I urge support for this resolution.

Mr. KUCINICH. Mr. Speaker, I would first like to thank Mr. BEREUTER for introducing this necessary and timely resolution and for his ongoing effort effort to ensure peace and justice. I would also like to commend the brave people of East Timor for their courage in participating in the August 30th referendum in the wake of the escalating violence that occured.

This resolution makes it a sense of Congress to congratulate these brave citizens and

to call on the Government of Indonesia to end the current civil unrest and violence in East Timor, and it supports the UN multinational force for East Timor. In addition, this resolution says that the United States should take steps to help end the human rights abuses that have for so long taken place in East Timor by suspending military and economic aid to Indonesia. Human rights abuses by paramilitary forces have taken the lives of more than 200,000 East Timorese. In the past 24 years, the United States has spent more than 1.5 billion dollars in economic aid to Indonesia. In the past 24 years, the United States has spent more than 510 million taxpayer-dollars on military assistance and training in Indonesia. We know the Indonesian military openly associates and arms the paramilitary forces in East Timor who continue to provoke violence and spread terror among the citizens of East Timor. Just this week two missionary nuns were among 16 people killed by gunmen in the latest attack on Roman Catholic clergy in East Timor. All military and economic assistance to Indonesia must end. If America seeks to advance democracy, tolerance and equality in the region, we must send a message to the Indonesian government that the United States will suspend all of its support permanently if human rights continue to be violated. Passing this legislation will send the message to Indonesia.

And with my support for Mr. BEREUTER's resolution, I would also like to express my support for another bill recently introduced by Mr. PATRICK KENNEDY. It is a binding resolution which would make it U.S. policy to end both military and financial assistance to Indonesia until the East Timor's vote to be independent is honored and human rights are upheld in East Timor and certain conditions are met.

If you support the restoration of human rights in East Timor, if you support the brave citizens of East Timor, then I urge my colleagues to support this resolution.

Mr. WEYGAND. Mr. Speaker, since 1975 when Indonesia invaded East Timor, the people of East Timor have been struggling for their independence. Last month, they took a courageous step in that direction. I therefore strongly support this resolution and urge my colleagues to do the same.

As we all know, the people of East Timor voted on August 30, 1999, and by an overwhelming majority, 78 percent, chose independence. Unfortunately, the violence that has plagued East Timor for the past quarter century was only intensified in the weeks following the election.

The people of East Timor have been brutally attacked by Indonesian military forces masquerading as ''militia,'' their homes burned, their neighborhoods destroyed, thousands are missing or killed. We heard many reports of people, hiding from the militia, starving to death in the countryside. Last week, after too many lives were lost a United Nations peacekeeping force was deployed to bring order to East Timor.

The Washington Post reported that the Australian led peacekeepers were ''. . . [w]elcomed by Indonesian officers . . .'' and ''. . . greeted with smiles from the few relieved civilians. . . .'' However, there are also reports that the militia continues to make threats that they will return and continue the violence. If these reports are true, it is as important now as it ever was to show to those who would perpetuate violence that the United States and the United Nations are committed to a peaceful transition to democracy and independence for East Timor. This resolution sends that message.

Mr. Speaker, on September 8, 1999, I introduced two pieces of legislation. One is a resolution calling for an end to the violence and urging the United Nations to take immediate action to end the violence and urges the President to provide whatever assistance the United Nations may need. The second is a bill that would suspend economic and military assistance to the government of Indonesia until the violence ends.

Again, I strongly urge my colleagues to support the East Timorese as they continue the process toward independence and to vote for this resolution.

Mr. FALEOMAVAEGA. Mr. Speaker, I want to commend the Chairman and Ranking Member of the International Relations Committee, Mr. GILMAN and Mr. GEDJENSON, for bringing to the House floor this important measure regarding the recent dire developments in East Timor.

I would further deeply commend the Chairman and Ranking Member of the Asia-Pacific Affairs Subcommittee, Mr. BEREUTER and Mr. LANTOS, for introducing the resolution and their considerable work on it. I am honored to be an orginal co-sponsor of House Resolution 292.

Like many of our colleagues, I am greatly disturbed and saddened by the brutal, violent response of the pro-Jakarta militia and Indonesian military to the overwhelming vote for independence demonstrated by the courageous people of East Timor. However, I am not at all surprised at the rampant killings, Mr. speaker, as the Indonesian military has routinely used violence as a tool of repression.

Although the Timorese struggle for self-determination has received much publicity, Mr. Speaker, scant attention has been paid to the people of West Papua New Guinea who have similarly struggled in Irian Jaya to throw off the yoke of Indonesian colonialism. As in East Timor, Indonesia took West Papua New Guinea by force in 1963. In a pathetic episode, the United Nations in 1969 sanctioned a fraudulent referendum, where only 1,025 delegates handpicked and paid-off by Jakarta were permitted to participate in an independence vote. The rest of the West Papuan people, over 800,000 strong, had absolutely no voice in the undemocratic process.

Since Indonesia subjugated West Papua New Guinea, the native Papuan people have suffered under one of the most repressive and unjust systems of colonial occupation in the 20th century. Like in East Timor where 200,000 East Timorese are thought to have died, the Indonesian military has been brutal in Irian Jaya. Reports estimate that between 100,000 to 300,000 West Papuans have died or simply vanished at the hands of the Indonesian military. While we search for justice and peace in East Timor, Mr. Speaker, we should not forget the violent tragedy that continues to play out today in West Papua New Guinea. I would urge our coleagues, our great nation, and the international community to revisit the status of West Papua New Guinea to ensure that justice is also achieved there.

Mr. Speaker, with respect to the events of the past weeks, the Indonesian Government should be condemned in the strongest terms for allowing untold atrocities to be committed against the innocent, unarmed civilians of East Timor. I commend President Clinton for terminating all assistacne to and ties with the Indonesian military. U.N. estimates are that over 300,000 Timorese, in excess of a third of the population of East Timor, have been displaced and it remains to be seen how many hundreds, if not thousands, have been killed in the mass bloodletting and carnage. Yesterday, the U.N. Human Rights Commission voted for an international inquiry into the atrocities committed in East Timor. The call for an international war crimes tribunal to punish those responsible for the atrocities should be heeded, even if it implicates the military leadership in Jakarta.

I strongly supported the intervention of a U.N.-endorsed multinational force in East Timor and am heartened at their arrival in Dili last week. Although little more than half of the 7,500 troop peacekeeping force is presently on the ground, they have already had a significant effect in stabilizing the situation and restoring order. I especially commend the government of Australia for its leadership role with the multinational force and recognize the important and substantial troop-contributions of Thailand to the peacekeeping effort.

While I bleieve America's role in the peacekeeping mission should have been greater, certainly the contribution of U.S. airlift and logistical support has been invaluable. If Australia, Thailand and our allies call upon us and it is necessary that the United States play a more substantial role in the peacekeeping effort—even if it means the contribution of a small contingent of ground troops which could easily be drawn from our reserves of U.S. Marines in Okinawa—we should not shirk our duty.

Mr. Speaker, with Indonesia being the fourth largest nation and the largest Muslim country is the world, which sits astride major sealanes of communication and trade—certainly we have substantial national interests in preserving stability in Indonesia and Southeast Asia, as well as preventing a U.N. initiative from turning into a catastrophic humanitarian disaster.

By its simple presence, Mr. Speaker, the international peacekeeping force in East Timor may well lend a hand in stabilizing not just that island but the fragile democracy that ostensibly governs Indonesia at this precarious point in that nation's development.

Mr. Speaker, the resolution before us addresses these concerns and I would urge our colleagues to adopt it.

Mr. HALL of Ohio. Mr. Speaker, I rise in strong support of H. Res. 292 which expresses the sense of the House of Representatives regarding the referendum in East Timor. I and proud to be an original cosponsor of this important piece of legislation.

I also want to thank the Chairman of the Subcommittee on Asia and the Pacific, Mr. BEREUTER, and the Ranking Member, Mr. LANTOS, for their leadership in bringing this resolution to the floor today.

Mr. Speaker, I was encouraged when the United Nations and the governments of Portugal and Indonesia concluded a historic agreement on May 5, 1999, allowing self-determination for East Timor. In an effort to stop the referendum, militias, with the support of the Indonesian military, began a campaign of

terror and intimidation. However, the people of East Timor could not be deterred, and the voted overwhelmingly for independence on August 30, 1999. Nevertheless, after the vote, the militias stepped up their campaign, burning houses to the ground, including Bishop Carlos Belo's home, and killing thousands of innocent people.

Mr. Speaker, Indonesia and the international community must respect the referendum and the vote of the East Timorese people. Therefore, I would urge all Members to support H. Res. 292.

Finally, Mr. Speaker, I submit for the CONGRESSIONAL RECORD a copy of Bishop Belo's article, which appeared in the international editions of Newsweek on October 4, 1999, which outlines the reasons why the international community should care about East Timor.

[From Newsweek (International editions), October 4, 1999]

WHY THE WORLD OWES MY PEOPLE—NATIONS THAT IGNORED EAST TIMORESE SUFFERING 24 YEARS AGO MUST HELP NOW

(By Bishop Carlos Filipe Ximenes Belo)

Much of my beloved homeland of East Timor has been destroyed, my people displaced. Much of their land has been forcibly depopulated by Indonesian forces, with hundreds of thousands suffering from hunger and disease. Many have been killed or wounded; babies and the old have died of malnutrition that could have been avoided had relief convoys been allowed to reach them. The world has a solemn obligation to rescue my people before it is too late.

Why should there be a special debt to East Timor, a former Portuguese colony with a small population (less than a million), a small territory (about the size of the Netherlands) and a remote locale? There are several reasons among them the fact that most, if not all, of the killing and mayhem of recent weeks, and over the past 24 years since Indonesia first invaded our island, might have been averted had the community of nations firmly impressed upon Jakarta that the fate of East Timor was a real concern.

This is the sad reality that history illustrates. In early 1975, months before the initial invasion took place, President Suharto was afraid that important powers might disapprove of Indonesian moves to take East Timor by force. But once the former president became convinced that Indonesia did not have to worry about the world's reaction, he allowed his general to move on East Timor. The result was that more than 200,000 persons, or fully one third of our population, perished as a consequence of this merciless and illegal occupation. Most nations turned a blind eye toward this situation because of their material and political interests in Indonesia: East Timor paid the price.

Most recently, my people trusted the United Nations to carry out the Referendum this August on whether East Timor should remain part of Indonesia. Though nearly 79 percent of registered voters chose to become independent, the United Nations had no means to protect the people who voted their conscience. They became the victims of a calculated scorched-earth policy carried out as revenge for the decision to free East Timor from Indonesian rule. Before the people of East Timor could celebrate the election result, Indonesian forces and their local allies launched a ferocious attack that has killed many East Timorese and uprooted 90 percent of our population, including an estimated 200,000 who were herded across the border into Indonesian territory.

Thousands had taken refuge in the property surrounding my residence in Dili, the capital, on Sept. 6, when they were compelled to leave after an armed attack led by Indonesian Special Forces. Thousands who found haven next door at the International Committee of the Red Cross (ICRC) compound also had to flee. Many remain missing, and are feared dead. Both my home and ICRC offices were set afire and destroyed, as were numerous homes and other structures in Dili and elsewhere, not least of all many church institutions. Many were brutally murdered, including members of the clergy whose only crime was to defend their parishioners against violent retribution by Indonesian forces. Many fled to the mountains, where food and medicine remain scarce even now because of Indonesian military obstruction of international relief operations. Those who have been moved to West Timor face appalling conditions and persecution, as do others who have been forcibly moved to other Indonesian islands.

Now that the spotlight of world attention has reached East Timor, it is vital that everything possible be done to save the lives of those who have thus far survived the Indonesian onslaught, and to make certain that we in East Timor can rebuild our shattered land. The United Nations, having encouraged the people of East Timor to vote their conscience, should assist those who risked all and paid dearly for their decision. The deployment of international peacekeepers is a good beginning, but they must advance into the interior to protect people throughout the territory, not only in Dili.

The United Nations must insist on obtaining speedy permission to work in West Timor to address the plight of the East Timorese who have been taken there by Indonesian forces, who are reportedly prepared to use West Timor as a base for cross-border attacks and moves to retain control of sections of East Timorese territory. Powerful nations must use their influence on Jakarta to ensure that all such attacks cease against my people in East Timor, West Timor and other Indonesian islands, and to ensure that all East Timorese can return to their homes.

The killing this week in Dili of Sander Thoenes, a journalist for The Financial Times, is another sad illustration that no one is safe from brazen violence on the part of the Indonesian military, who must be told to withdraw from East Timor once and for all. The disappearance of an East Timorese interpreter and the brutal beating of a driver whose eye was forced out of its socket—both were assisting Western journalists—are further reminders. It seems clear that some Indonesian leaders still believe that they will not suffer any concrete consequences as a result of their crimes in East Timor. How many more lives must be needlessly sacrificed before the world takes a firm stand?

Mr. PORTER. Mr. Speaker, I rise today to express my deep concern, sympathy and hope for the people of East Timor. We have witnessed an extraordinary month on the island of East Timor. On August 30th, the people of East Timor voted overwhelming to reject autonomy within Indonesia. The people chose to be a free country, a free people, free to make their own laws and practice their own religion, and most importantly free from the terror and oppression which Indonesia has imposed on them since 1975. It is this same freedom that our country stands for, fought for many years ago and must continue to protect around the world.

I want to commend the United Nations and the work the peacekeeping force is conducting to secure peace and stability on the island. Unfortunately, the work has only just begun. Once stability is achieved, the U.N. must work to ensure the safe return of the refugees. Thousands of refugees are hiding in the hills of East Timor and thousands more are living in refugee camps West Timor. These people must be able to return to their homes in Dili, and elsewhere in East Timor, without the fear of losing their lives. There is also a great concern for the safety of East Timorese living in other regions of Indonesia. Reports of threats against these individuals are surfacing. A close eye must be kept on this situation by the international community and if necessary action must be taken to ensure that no additional human lives are lost.

I was outraged that President Clinton did not speak out sooner about the atrocities which took place in the weeks following the election. I communicated with the President numerous times in the past months expressing my concern for the fairness and outcome of these elections and the potential outbreak of violence. The Administration assured me that everything would be done to help and protect the people of East Timor. The United States encouraged a process of self-determination after decades of ghastly human rights abuses by the Indonesians against the people of East Timor and, when with great courage, the East Timorese overwhelmingly made their choice, the U.S. stood by in helpless silence as that choice was reversed by bloodthirsty thugs backed by the Indonesia military.

The United States should be leading the way, cutting all military aid, voting against multilateral funding to Indonesia and calling on the World Bank and the IMF to freeze all funds to Indonesia until it is clear that the order has been restored in East Timor and all East Timorese are safe. There is no question of Jakarta's involvement in the brutal crackdown following the vote. Over 15,000 army and police were in East Timor and did nothing to stop the terror, or to protect the victims. The Indonesian army exhibited unequivocally not only to the East Timorese, but also to the people of Aceh and Irian Jaya, that independence from Indonesia and freedom is not an option.

If this country does not protect human rights around the world and support the outcome of free elections, what do we stand for? The United States, the founder of democracy and the land of the free, must start doing everything in its power to help those who are trying to achieve the same goal.

Mr. LANTOS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. GILMAN) that the House suspend the rules and agree to the resolution, H. Res. 292, as amended.

The question was taken.

Mr. LANTOS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

EXPRESSING SYMPATHY FOR VICTIMS OF DEVASTATING EARTHQUAKE IN TAIWAN

Mr. GILMAN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 297) expressing sympathy for the victims of the devastating earthquake that struck Taiwan on September 21, 1999, as amended.

The Clerk read as follows:

H. RES. 297

Whereas on the morning of September 21, 1999, a devastating and deadly earthquake shook the counties of Nantou and Taichung, Taiwan, killing more that 1,700 people, injuring more than 4,000, and leaving more than 100,000 homeless;

Whereas the earthquake of January 21, 1999, has left thousands of buildings in ruin, caused widespread fires, and destroyed highways and other infrastructure;

Whereas the strength, courage, and determination of the people of Taiwan has been displayed since the earthquake;

Whereas the people of the United States and Taiwan share strong friendship and mutual interests and respect;

Whereas the United States has offered whatever technical assistance might be needed and has dispatched the Urban Search and Rescue Team of Fairfax County, Virginia; and

Whereas offers of assistance have come from the Governments of Japan, Singapore, the People's Republic of China, Turkey, and others: Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses its deepest sympathies to the citizens of Nantou and Taichung and all of Taiwan for the tragic losses suffered as a result of the earthquake of September 21, 1999;

(2) expresses its support for the people of Taiwan as they continue their efforts to rebuild their cities and their lives;

(3) expresses support for disaster assistance being provided by the United States Agency for International Development and other relief agencies; and

(4) recognizes and encourages the important assistance that also could be provided by other nations to alleviate the suffering of the people of Taiwan.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. GILMAN) and the gentleman from California (Mr. LANTOS) each will control 20 minutes.

The Chair recognizes the gentleman from New York (Mr. GILMAN).

GENERAL LEAVE

Mr. GILMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H. Res. 297.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. GILMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to rise today in support of House Resolution 297, expressing sympathy by the Congress for the victims of the devastating earthquake in Taiwan on September 21.

I thank the gentleman from Nebraska (Mr. BEREUTER), the distinguished chairman of the Subcommittee on Asia and the Pacific, for responding expeditiously to the tragic earthquake in Taiwan by drafting this resolution I am proud to be a cosponsor of.

I personally want to express my deepest sadness about the devastating earthquake that unexpectedly struck Taiwan one week ago and that we convey to the citizens of Taiwan who recently warmly hosted our Congressional delegation during our visit to Taipei our profoundest sympathies about their tragic loss of life and property.

By this resolution, we in the Congress are calling upon the Clinton administration and other members of the international community to do everything possible to assist Taiwan to recover from this unfortunate act of nature.

Accordingly, Mr. Speaker, I urge all of our colleagues in the House to join with us in expressing our deepest sympathies to the people of Taiwan in their time of need and to express our willingness to support them.

Mr. Speaker, I reserve the balance of my time.

Mr. LANTOS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let me first commend my good friend, the gentleman from Nebraska (Mr. BEREUTER), for introducing this resolution and commend, also, the gentleman from New York (Chairman GILMAN) and the gentleman from Connecticut (Mr. GEJDENSON) and all of our other colleagues who have seen fit to join us in cosponsoring this legislation.

I rise in strong support of the resolution. This resolution properly expresses the deepest sympathies of this body to the citizens of Taiwan for the tragic losses suffered as a result of the earthquake of September 21.

□ 1115

The devastation caused by this earthquake on Taiwan is unspeakable. And as one, Mr. Speaker, who represents San Francisco in this body, I want to remind my colleagues that the 1906 earthquake in San Francisco, which is remembered even a century after it occurred, resulted in a number of deaths directly attributable to the earthquake. That is about the same number that the people of Taiwan suffered during the course of the last week.

There are about 8,000 Taiwanese who are injured and well over 2,000 who lost their lives. There are 100,000 Taiwanese citizens, 1 percent of the population of Taiwan, who are homeless, and thousands and thousands of buildings are in ruin. Throughout all this tragedy, Mr. Speaker, the people of Taiwan have shown tremendous strength and courage and determination. We were delighted, all of us, to see over the weekend that two young men were pulled alive from a collapsed building 5 days after the tragedy.

Our resolution expresses support for the disaster assistance which is being provided by our government and specifically for the urban search and rescue teams from Virginia and Florida.

Now, Taiwan is a model of what used to be a developing nation. Not many years ago, Mr. Speaker, Taiwan was economically destitute and a political dictatorship. Taiwan today is one of the most highly developed economies on the face of this planet and is a political democracy. This is truly our dream for all developing nations. And I think this incredible achievement, which was brought about by the hard work of the people of Taiwan, should make us profoundly sympathetic to their current crisis.

They are not asking for financial assistance. Taiwan is a wealthy country. But I want to call on all of my fellow citizens on a voluntary basis to make a contribution to the needs of the tens of thousands of Taiwanese families who have lost everything in this disaster. It was my pleasure yesterday to welcome to my office the distinguished ambassador of Taiwan and to give him my check for $1,000 as my contribution to help alleviate the pain and suffering which permeates that small country.

I found it remarkable, Mr. Speaker, that even in this moment of Taiwan's tragedy, the government in Beijing insisted that all assistance to Taiwan be directed through China and be approved by China in Beijing. That, of course, clearly is not what is happening. We have provided our aid and assistance, private and public, directly to the free people of Taiwan, and we intend to continue to do so in the coming weeks.

This tragedy underscores our determination to see to it that Taiwan assumes its proper role in various international organizations, and the people of Taiwan should rest assured that the American people stand with them as they have built a viable democratic society and as they are now undergoing the impact of a major natural disaster.

Mr. GILMAN. Mr. Speaker, will the gentleman yield?

Mr. LANTOS. I yield to the gentleman from New York.

Mr. GILMAN. First of all I want to compliment the gentleman for his humanitarian effort on behalf of Taiwan. When the gentleman said that all assistance had to go through Beijing, I read in I think today's wire service that indicated that even the Red Cross had to appeal to Beijing before they could go into Taiwan. If that is the case, of course, that is abominable. We would hope that that would be straightened out. I thank the gentleman for yielding.

Mr. LANTOS. I thank my friend for his contribution and underscore the absurdity of the unrealistic demands of the government of Beijing. The Red Cross, the International Red Cross, should be able to help the people of Taiwan without going through the phony process of applying to Beijing to provide aid to the suffering people of that island.

Mr. Speaker, I reserve the balance of my time.

Mr. GILMAN. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from San Dimas, California (Mr. DREIER), the distinguished chairman of the Committee on Rules.

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, I rise in strong support of this resolution. I would like to commend my colleagues the gentleman from California (Mr. LANTOS) and the gentleman from New York (Mr. GILMAN) and the gentleman from Nebraska (Mr. BEREUTER) and others who have worked on this. Obviously as a Californian, the gentleman from California and I know full well of the devastation of earthquakes. His area suffered the Loma Prieta quake in 1989. I remember that day very well, October 16, 1989. We on January 17 of 1994 suffered the terrible Northridge quake in southern California. The gentleman from California (Mr. LANTOS) is from northern California, I am from southern California. Obviously we in our State have many Chinese Americans, people who are both from the mainland and from Taiwan. So I just would like to say especially as a Californian that my heart goes out to those who have been impacted, of course, the families of those who were killed and also to those who, we are happy to say, have survived.

I just heard as I entered the Chamber the gentleman from California refer to the incredible and heroic mission that was embarked upon by several of those seeking to rescue the people where they found two young men who after several days were still alive. I would just like to say that it is important for us to do everything that we can to encourage private support that will be going through organizations directly to the people. I am frankly happy that we have seen an indication of support coming from the People's Republic of China to provide assistance and that statement I know was made by Jiang Zemin at the very outset immediately following the quake.

I just want to do everything that we possibly can to assist the people of Taiwan as they go through what obviously is a very challenging time. One of the things that again the gentleman from California and I know very well is that it is one thing to go through the quake itself but the rebuilding process itself is a real challenge. It is going to be important for us to continue to provide whatever assistance we possibly can.

I again thank both of my colleagues for authoring this important resolution.

Mr. LANTOS. Mr. Speaker, I am very pleased to yield 2 minutes to my good friend, the distinguished gentleman from Texas (Mr. ORTIZ).

(Mr. ORTIZ asked and was given permission to revise and extend his remarks.)

Mr. ORTIZ. Mr. Speaker, I rise today in support of this resolution expressing sympathy for the victims of the earthquake in Taiwan. I would like to echo what has been said by my good friends the gentleman from California (Mr. LANTOS), the gentleman from New York (Mr. GILMAN) and the gentleman from California (Mr. DREIER).

I have a great many friends and acquaintances in Taiwan, having traveled there often on trade missions to seek jobs for my south Texas district. I was there just last month on such a mission. I appreciate those countries who have offered emergency aid to Taiwan in the aftermath of this earthquake. Taiwan is an emerging democracy on the Pacific Rim, and they are a valuable and important player in our international global economy. Taiwan has been enormously forthcoming and helpful when there has been similar natural disasters and emergencies in other countries. It is appropriate and honorable for those countries to return that favor to Taiwan now in Taiwan's hour of need.

The American people and people of all faiths are praying today for the victims and the country as well as the rescuers who are working very, very hard. We are waiting to hear from Taiwan what their specific needs are in the aftermath of this earthquake.

I hope that what my good friend, the gentleman from California (Mr. LANTOS) has requested is that those of us that can contribute, to make contributions to the government of Taiwan so that they can help the local people who are in dire need.

Mr. GILMAN. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from Nebraska (Mr. BEREUTER), the distinguished chairman of our Subcommittee on Asia and the Pacific.

Mr. BEREUTER. Mr. Speaker, I rise in strong support, of course, of H. Res. 297, a resolution addressing the devastating earthquake that occurred last week in Taiwan and literally decimated major parts of the island. I want to thank the gentleman for yielding me this time. It has become an all too familiar sight: many thousands of casualties, an unknown number missing, hundreds of thousands of homeless, buildings collapsed, roads destroyed, village-destroying mud slides, dams cracked and in danger of failing. The people of Taiwan will no doubt persevere. They are strong and they are courageous. They have faced adversity before. But it is only appropriate that this body comment on this tragic natural catastrophe and pledge our concern and empathy and assistance.

This does extend the sympathy of the House of Representatives and the American people to the people of Taiwan. It notes with approval the assistance being provided under the auspices of the Agency for International Development. Within a few hours of the earthquake, U.S. rescue teams from Fairfax County, Virginia, and Miami, Florida, for example—I am sure there are many others—were en route to provide assistance. I noticed last night the people returning to Dulles Airport met by families and friends, and the Taiwanese-American community was out there to greet them at Dulles, thanking them for their special assistance. These teams have had dogs trained to discover those trapped in buildings that had collapsed and these teams quickly attacked the rubble. Such assistance, I think, sends an important message of moral support for people in the midst of suffering and the executive branch should be commended for their prompt action.

The resolution also notes with approval the willingness of other countries to come to the assistance of Taiwan in its time of need. Japan, Singapore, the People's Republic of China, and I want to emphasize Turkey, which recently also experienced its own very similar catastrophe. Even if such aid is modest, and I hope it will be more than modest, it tells the people of Taiwan that they are not alone.

Mr. Speaker, this is a genuinely bipartisan expression of concern. This Member is joined in cosponsoring, for example, by the chairman of the committee, the distinguished gentleman from New York; the ranking Democrat, the distinguished gentleman from Connecticut; and the distinguished ranking Democrat of the Subcommittee on Asia and the Pacific who helped with the crafting and moving of this legislation, the gentleman from California. The list of cosponsors, of course, goes on, and every one, I think, of our colleagues if they knew about the movement of this legislation would like to be there as a cosponsor. I urge adoption of the resolution.

Mr. LANTOS. Mr. Speaker, I am delighted to yield 2 minutes to my good friend, the gentleman from New York (Mr. CROWLEY).

(Mr. CROWLEY asked and was given permission to revise and extend his remarks.)

Mr. CROWLEY. Mr. Speaker, I rise today in strong support of House Resolution 297, a resolution expressing sympathy for the victims of the devastating earthquake that struck Taiwan on September 21 of this year. On that date, Mr. Speaker, an earthquake registering 7.6 on the Richter scale hit the Nantou and Taichung counties of Taiwan. Thousands were killed and even more were left homeless.

Mr. Speaker, I have the honor of representing Flushing-Queens, New York. Many of my constituents have family and friends living in Taiwan. The prayers and thoughts of my constituents and myself are with the Taiwanese people at this time.

The United States Agency for International Development has responded to Taiwan's call for international assistance by sending technical experts from their office of foreign disaster assistance and the Fairfax, Virginia search and rescue team. I would like to thank these brave men and women who participated in this international rescue operation as well as the other nations which lent their assistance.

Although the earthquake crippled Taiwan's infrastructure in the hardest hit areas where phone, power and water lines were knocked out, I have confidence that Taiwan will be able to rebuild quickly and continue to play an important role in the Asian and world economies.

□ 1130

Mr. Speaker, as a Member of the House Committee on International Relations, I stand ready to assist Taiwan with its rebuilding efforts.

Mr. Speaker, I urge all my colleagues to support this worthy resolution to express the House's sympathy for this terrible, terrible disaster.

Mr. GILMAN. Mr. Speaker, I yield such time as he may consume to the distinguished gentleman from California (Mr. COX), chairman of our Republican Policy Committee.

Mr. COX. Mr. Speaker, I thank the gentleman for yielding this time to me.

I think all of us here in this chamber and, in fact, anyone in the world with a television set watched in awe and horror and ultimately relief as 6 year-old boy whose faint cries were heard beneath the rubble was extracted alive after several days following the earthquake. His first words were: Why am I here, and where is my family? But his parents and his sisters were all killed in that same building in that same earthquake. It tore my heart out.

Mr. Speaker, I have a 6 year-old son, and just to imagine the human loss, the tragedy of that earthquake, is almost beyond our individual capacities.

Sometimes it takes an enormous tragedy such as this earthquake to bring home how futile it is for us to maintain the political differences that we do across the globe. I think everyone watching on television saw that the people of Taiwan are not the dangerous splitists so often derided by the Communist government in Beijing, but men and women and children fighting for a better life, just like all of us.

Mr. Speaker, that is why it is so tragically ironic that at this time, when we should have set aside politics and put humanitarian interests first, the government of Beijing literally got in the way as Russian aid was trying to make its way immediately after the tragedy to the victims. A Russian plane actually had to divert and take a different, longer route in order to get to Taiwan because they did not have clearance from the Beijing government. The American Red Cross, as has been discussed previously in this debate, felt it necessary, even though it is a nongovernmental organization based here, to check first with Beijing, and that slowed down aid getting to people right when they most needed it, when there is still a chance to save their lives. This should never happen again.

The gentleman from Ohio (Mr. BROWN), our Democratic colleague, has offered legislation that I know the Chairman of the Committee on International Relations supports that would permit Taiwan membership in the World Health Organization, something that does not require the status of statehood; so, this does not in any way interfere with our United States China policy. But what it would do, Mr. Speaker, is cut out the bureaucracy so that in the case of future medical emergencies this could not happen again, these kinds of delays could not happen again.

I think we also need legislation to make sure that every nongovernmental organization in America, every charity in America understands that if there ever is another medical emergency or natural disaster in Taiwan, that they can get relief there right away without having to check with Beijing first.

It is fortunate that so much good is now coming of the worldwide attention that has been paid to this tragedy in Taiwan, so much money is coming from our country to help people there. On Saturday night last, I met with several hundred Taiwanese Americans who were gathered in principle part to marshal their efforts behind earthquake relief in Taiwan, and I personally am participating in those efforts, and I hope that everyone here will because we do live in a small world, and we do all have much more in common than we realize.

Mr. LANTOS. Mr. Speaker, I yield 2 minutes to the gentleman from Guam (Mr. UNDERWOOD), my good friend and distinguished colleague.

Mr. UNDERWOOD. Mr. Speaker, I thank the ranking member for yielding me the time, and for the reasons that have been outlined already by many of the previous speakers, I stand in strong support of Resolution 297 expressing our sympathy and our concern for the people of Taiwan. As a representative of an area that is the closest U.S. area to Taiwan, we certainly have many important business, commercial and people-to-people relationships with the people of Taiwan, and the people of Taiwan have always been there for Guam and other parts of the United States whenever we have problems. And so it is important that we express directly and in this very highly symbolic and very important way our sympathy for them. In our own relationships and between Guam and Taiwan, whenever we had a very severe earthquake, about 4 years ago, and we have had a number of typhoons where the people of Taiwan have always come through. And I am pleased to report that back home in Guam we are also engaged in many relief efforts to help the local Chinese community in their efforts to gather support and provide needed assistance to the people of Taiwan.

We have also experienced some of the obstacles that have been alluded to earlier, and it is simply abominable that political considerations are now confounding and have confounded and have found their way into efforts to provide relief. And yet in a kind of interesting way, I think the earthquake in Taiwan has pointed out the real success story that is Taiwan, the fact that they do have very good and solid relationships with people throughout the world who want to provide them their needed assistance. Nothing is as a serious sign of our common humanity than when we are most vulnerable, and certainly times of natural disaster point that out. And it is very important that we continue to express our support for Taiwan.

Mr. Speaker, I urge all Members to personally participate in this.

Mr. WU. Mr. Speaker, as a cosponsor of H. Res. 297, a resolution expressing sympathy for the victims of the devastating earthquake that struck Taiwan on September 21, 1999, I would like to express my strong support for this important legislation. Had I been able to be in Washington today, I would have enthusiastically cast my vote in the affirmative.

As the first member of the U.S. House of Representatives born on Taiwan, I would first like to express my deepest sympathy and condolences to the people of Taiwan. I hope in these challenging times that they find comfort in family and loved ones.

Since the earthquake shook Nantou and Taichung, Taiwan, thousands of homes and families were damaged or destroyed. Thousands of individuals lay dead, missing, and injured. I feel a great sense of sadness for all that were affected by this tragic incident.

I commend the Taiwanese people for their display of strength, courage, and determination. Indeed, the tasks of rebuilding homes and comforting loved ones lay dauntingly ahead. I am confident that my colleagues, the President, and the international community will provide the necessary assistance to help the people of Taiwan rebuild their homes and family.

Mr. GILMAN. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

Mr. LANTOS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. GILMAN. Mr. Speaker, I yield back the balance of our time.

The SPEAKER pro tempore (Mr. PEASE). The question is on the motion offered by the gentleman from New York (Mr. GILMAN) that the House suspend the rules and agree to the resolution, H. Res. 297, as amended.

The question was taken.

Mr. LANTOS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

DESIRE OF HOUSE REGARDING BUDGET SURPLUS AND RETIRING THE PUBLIC DEBT

Mr. HERGER. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 306) expressing the desire of the House of Representatives to not spend any of the budget surplus created by social security receipts and to continue to retire the debt held by the public.

The Clerk read as follows:

H. RES. 306

Whereas, earlier this year, the House of Representatives passed a social security lockbox designed to protect the social security surplus by an overwhelming vote of 416 to 12;

Whereas bipartisan efforts over the past few years have eliminated the budget deficit and created a projected combined Social Security and non-Social Security surplus of $2,896,000,000,000 over the next 10 years;

Whereas this surplus is largely due to the collection of the social security taxes and interest on already collected receipts in the trust fund;

Whereas the President and the Congress have not reached an agreement to use any of the non-social security surplus on providing tax relief; and

Whereas any unspent portion of the projected surplus will have the effect of reducing the debt held by the public: Now, therefore, be it

Resolved, That it is the sense of the the House of Representatives that the House—

(1) should not consider legislation that would spend any of the social security surplus; and

(2) should continue to pursue efforts to continue to reduce the $3,618,000,000,000 in debt held by the public.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. HERGER) and the gentleman from South Carolina (Mr. SPRATT) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. HERGER).

Mr. HERGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today Congress has an opportunity to send a clear message to all current and future Social Security recipients. Fiscal year 2000 will be the year Congress will end the raid on Social Security.

For over 30 years, the Social Security Trust Fund has been used to distort surpluses, numbers, and mass deficits. Mr. Speaker, for years the Social Security trust fund has run a surplus, and for years Washington has taken that surplus and spent it on programs unrelated to Social Security.

Just 4 months ago, this House passed by an overwhelming 416-to-12 vote the Social Security Medicare Safe Deposit Box Act of 1999, a measure I introduced which locked up the Social Security Trust Fund, making it much more difficult to spend for non-Social Security purposes. This sense of the House Resolution we are considering today will reiterate the overwhelming passage of the Social Security Lockbox and our commitment to our seniors by reemphasizing this Congress' steadfast commitment to not spend one penny of the Social Security surplus.

This resolution does not have any impact on any spending or tax relief that would not come from the Social Security surplus.

Mr. Speaker, I urge my colleagues to not pass up this opportunity to protect Social Security and to vote for this resolution committing ourselves against any effort to once again raid the Social Security Trust Fund.

Mr. Speaker, I reserve the balance of my time.

Mr. SPRATT. Mr. Speaker, I yield myself such time as I may consume.

(Mr. SPRATT asked and was given permission to revise and extend his remarks.)

Mr. SPRATT. Mr. Speaker, fiscal year 2000 begins in 2 days, and we have no budget, no prospect of one. What we have instead is a red herring, this resolution, one House resolution hastily filed less than an hour ago which makes a promise that the majority has already broken. This resolution asserts that we should not spend any of the Social Security surplus.

Now there is nothing wrong with that in principle, but there is a big problem with it in fact. When we recessed last August for our break, the House had already spent the entire on-budget surplus of $14.4 billion for the next fiscal year, fiscal 2000, and we invaded the Social Security surplus, the House had, Mr. Speaker, on the majority's control and direction by some $16 billion.

Now do not take my word for that. This is the conclusion reached by the Director of the Congressional Budget Office, Dan Crippen, in a letter dated to me August 26. I put a copy of it in the RECORD:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, August 26, 1999.

Hon. JOHN M. SPRATT, Jr.
Ranking Democratic Member, Committee on the Budget, House of Representatives, Washington, DC.

DEAR CONGRESSMAN: CBO's most recent baseline projections, which assume that discretionary outlay's in 2000 will equal the statutory limits on such spending, show an on-budget surplus of $14 billion in 2000. As requested in your letter of August 18, the Congressional Budget Office has computed what the on-budget surplus would be using the following assumptions that you specified:

You requested that we incorporate legislation passed by the Congress since the baseline projections were prepared. The only such legislation with significant budgetary impact is the Taxpayer Refund and Relief Act of 1999, which would reduce the surplus by an estimated $5 billion in 2000.

You also asked that we adjust the baseline figures to reflect spending designated as an emergency. In the appropriation process so far, each chamber has made one emergency designation. The House has passed $4 billion in funding for the census that it has specified as an emergency requirement, while the Senate has passed $7 billion in emergency spending for aid to farmers.

You also requested that we include the effects of various scorekeeping directives and adjustments made by the budget committees, which would have the effect of reducing the outlays attributed to appropriation bills. Directed scorekeeping adjustments for defense, highways, and mass transit total around $11 billion. Outlay reductions in the nondefense category that equal 1.14 percent of new budget authority would increase that total by another $3 billion. In addition, the House Budget Committee has directed CBO to make additional scoring adjustments, totaling $3.1 billion, involving proceeds from spectrum auctions and criminal fines paid to the Crime Victims Fund. The Senate Budget Committee has adjusted CBO's outlay estimate of the spectrum auction provision by $2.6 billion. In total, these adjustments come to about $17 billion for the House and $16 billion for the Senate.

The Balanced Budget Act for adjustments to discretionary spending limits to reflect funding for payment of dues in arrears owed to international organizations and for compliance efforts of the Internal Revenue Service related to the earned income tax credit. Based on appropriation action to date, we estimate that these adjustments would total about $350 million for fiscal year 2000.

Including about $700 million in additional costs for debt service, the adjustments that you have specified total about $27 billion for the House and $30 billion for the Senate. Applying those adjustments to CBO's July baseline projection of the on-budget surplus would turn that measure into a deficit of $13 billion (based on House actions) or $16 billion (based on Senate actions).

Finally, CBO's baseline calculation of the on-budget surplus excludes about $3 billion in spending for administrative expenses of the Social Security Administration because that spending is designated as off-budget. The budget resolution, however, treats such expenses as on-budget. If the deficit figure were adjusted to be consistent with the budget resolution, the projected on-budget deficit under your assumptions would reach $16 billion (based on House actions) or $19 billion (based on Senate actions).

If you wish further information, we will be pleased to provide it. The CBO staff contact is Jeff Holland.

Sincerely,

DAN L. CRIPPEN,
Director.

Since the August break, Congress has taken up more bills. We spent $11 billion more of the Social Security surplus. This is neatly shown on this very basic graph right here. We started the year at $14 billion, looking for $14.4 billion surplus in fiscal 2000 because of actions already taken in the Committee on Appropriations and elsewhere including the tax bill. That surplus was converted to a deficit of $16 billion, and right now, if we carry out the track on which we are headed, it will be at least $27 billion, and I say ''at least'' because that makes minimal allowance for what will happen with Labor HHS, Mr. Speaker, the biggest of all the appropriation bills.

The graph referred to is as follows:

FY 2000 ON-BUDGET SURPLUS/DEFICIT: WHERE THE REPUBLICAN CONGRESS IS NOW, AS OF SEPTEMBER 27, 1999

[Dollars in billions]

	CBO	OMB
Current-law on-budget surplus, July reports	14.4	2.9
Tax cut	−5.3	−5.3
Census ''emergency''	−4.1	−4.1
HBC scorekeeping ''plugs'' to mirror OMB outlay estimates	−16.1	0.0
Crime Victims Fund scorekeeping ''adjustment''	−0.5	−0.5
Cap adjustments for EITC compliance and arrearages	−0.1	−0.1
Debt service on above	−0.7	−0.3
Use congressional treatment of SS administrative costs	−3.3	−3.1
Where Republicans are now: On-budget deficit [CBO 8/26]	−15.7	−10.4
Likely adjustments to CBO's $16 billion estimate:		
Sustain veto of the tax cut	+5.3	+5.3
Use OMB/CBO accounting of SS administrative costs	+3.3	+3.1
Labor-HHS-Education restorations (preliminary est. of Porter's mark)	−7.8	−7.8
LIHEAP emergency designation	−0.9	−0.9
Emergency farm aid (Senate-passed)	−7.3	−7.3
Emergency Veterans' Medical Care (Senate-passed)	−0.5	−0.5
Other emergencies (hurricanes, Turkey, Kosovo, etc.) ???	−2.5	−2.5
Cap adjustments for CDRs and adoption incentives	−0.4	−0.4
Additional debt service	−0.4	−0.4

FY 2000 ON-BUDGET SURPLUS/DEFICIT: WHERE THE REPUBLICAN CONGRESS IS NOW, AS OF SEPTEMBER 27, 1999—Continued

[Dollars in billions]

	CBO	OMB
Where Republicans are headed	−26.9	−21.8

Note: May not add due to rounding.

Now we are declaring everything around here unforeseen. We did not know we were going to take a census; $4.4 billion is an emergency, but this was foreseeable. We argued it right here in the well of the House when the budget resolution came up, and when we did the conference report, we had all of 30 minutes of a conference, and the majority was proud because they had made the trains run on time, they had done a budget resolution before April 15 for the first time in years, but in truth I told them, ''There is a train wreck down the road waiting on you,'' and here we are, 5 months later; I have never seen the budget as badly derailed as it is now.

Mr. Speaker, it was foreseeable, and what do we have in these dire straits? We have this resolution.

Why are we considering this bill today? This is subterfuge. This is a setup. This is an attempt to shift blame for failure. When we finally do pass all the spending bills because we have to, the majority wants to blame the President, Congressional Democrats for spending the surplus that they have already spent. That is a fact.

The new fiscal year begins in 2 days. So far only 1 of 13 appropriation bills, 1 bill out of 13, has become law. Most of the others are mired in conference.

Later today, the House is going to take up a continuing resolution to prevent the government from shutting down. This is not a time for empty gestures, partisan ploys. This is a time to get down to business. But, instead of finishing the budget, the House is spinning its wheels on this resolution that tries to conceal the majority's failure to govern. That in itself should tell my colleagues why we are at this impasse.

□ 1145

Mr. HERGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, just responding to the last speaker, it is precisely for this reason why we need this resolution, to enforce on this Congress the importance that we need to be trimming down in conference the spending that has been going on so that we ensure that we do not spend Social Security.

Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana, Mr. VITTER.

Mr. VITTER. Mr. Speaker, at a time when our country is enjoying unprecedented peacetime prosperity, Americans' cynicism toward government remains high. Now we may fuel that cynicism further because we have all talked for months about making Social Security our top priority, and we now clearly have the ability to stop spending Social Security money for other purposes, but we may go ahead and do just that anyway.

This August I held town hall meetings throughout my district, speaking to thousands of people, and they made one thing very clear: they want us to protect Social Security funding. In short, they told me, hands off Social Security. They want Congress to stop spending the surplus dollars in the Social Security trust fund, like Congress has been doing for the past 30 years.

This year we have already effectively erased the $14 billion non-Social Security surplus. In coming weeks we must resist the urge to dip into the Social Security surplus to pay for Government programs we cannot afford. Instead, by making Social Security revenues off limits, Congress can give workers the confidence that the money they pay into Social Security will be there only for Social Security and for them in the future.

Only by ensuring that any new Federal spending does not come at the expense of Social Security can we truly protect the surpluses that will be needed for Social Security and Medicare reform.

Mr. Speaker, we have an enormous opportunity to do the right thing. We must make sure that we do that and set the proper precedent for future budgets.

Mr. SPRATT. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. RANGEL), the ranking member of the Committee on Ways and Means.

(Mr. RANGEL asked and was given permission to revise and extend his remarks.)

Mr. RANGEL. Mr. Speaker, I would say to my dear friend and colleague from California and member of the Committee on Ways and Means, I think we have the wrong forum for this type of resolution. This should be taken up at the Republican Conference, because the President of the United States and the minority here agree with everything that you are saying, and we have been saying it.

The previous speaker already has indicated that you already spent the non-Social Security surplus, and, while my Democratic colleagues do not fully understand the need to bring this on the floor, I understand your calling, and you are saying, Stop me before I kill again. I understand that.

But, you see, it has to be the chairman and the subcommittee chairman that hear your message, because they know you are right. But they are so creative that they come up with things that violate the budget caps because they cannot admit that they are going to sooner or later sit down with Democrats and sit down with the President and make certain that we have continuity in government.

You just cannot do it by coming to an empty floor saying, Help us to do the right thing. You have to be able to say, Hey, listen. Census is an emergency. We were only joking. We know it comes every 10 years, but we thought the House was sleeping. But Republicans have to say, We don't tolerate it.

Emergency home heating for the poorest of the poor, $1.1 billion. You have to send that message to the Republican leadership and say, We don't want that any more.

The whole idea of creating a 13th month in order to manipulate an intrusion into the Social Security surplus you are saying is something that you as a Member of Congress will not tolerate, and certainly some of the creative thinking and deciding, which you are using, OMB–CBO, it means what we are going to have to do, Democrats and Republicans, is send a message to the leadership that is it is time for us to come together.

You cannot possibly do the things that you want to do and talk about a $92 billion tax cut, unless you talk with Democrats.

I know how badly you feel about having to sit down with the President, but, still, we are your colleagues. We want to work with you. But you just cannot come to the floor, make declarations saying, do the right thing, and then go into the Committee on Appropriations and do the wrong thing.

So what I am suggesting is that if you can get your leadership to come out, not with a resolution, not with a vote, but just to come to the well of the House and say, How are we going to do this without intrusion on the Social Security surplus; the President says let us repair the Social Security system, let us do the right thing for Medicare, a modest tax cut, and then we will go on.

Mr. HERGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the point is, we have to begin doing the right thing. We have not been doing the right thing since 1937 when we first began spending Social Security surpluses. We need to begin doing that now. We all have projects in our districts that we would like to spend money on, and the fact is the reason we are here doing this today is to help reemphasize, during this time we are in the appropriations season, that we are going to cut back, that we are going to trim back these legislations so that we are not spending Social Security.

Mr. Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. DUNCAN) for the purpose of a colloquy.

Mr. DUNCAN. Mr. Speaker, first I rise and state my very strong support for this resolution and commend the gentleman from California (Mr. HERGER) for bringing this to the floor.

After I was first elected in 1988, when I first came to the Congress, we were routinely giving 12 and 15 and 18 percent increases to almost every agency and Department. But after President Clinton came into office, a few months later his director of the Office of Management and Budget, Ms. Rivlin, put out a memo stating if we kept going in the way we were going, we would have

deficits, yearly losses, of over $1 trillion a year by the year 2010, and between $4 trillion and $5 trillion a year by the year 2030.

If we had allowed that to happen, our whole economy would have crashed. Nobody would be able to buy a house; nobody would be able to buy a car. But then control of the Congress changed after the 1994 elections, and we started bringing these increases in Federal spending down to a manageable level of about 3 percent a year, about the rate of inflation. So this resolution is another important step in that direction, and I commend the gentleman from California (Mr. HERGER) for bringing this to our attention and to the floor.

Mr. Speaker, I also rise for the purpose of engaging the gentleman from California (Mr. HERGER) in a colloquy. House Resolution 306 expresses the sense of the House that it should not consider legislation that would spend any of the Social Security surplus.

It is my understanding that this resolution is not intended to affect future consideration of the Aviation Investment and Reform Act for the 21st Century, which passed the House by an overwhelming majority in June. This legislation, also known as Air 21, would not spend any portion of the Social Security surplus.

Let me emphasize that. Air 21 would not spend any of the Social Security surplus. Rather it seeks to recapture that portion of the on-budget non-Social Security surplus that is attributable to unspent aviation taxes.

Therefore, I believe that future consideration of Air 21 would not be prejudiced by House Resolution 306; and on behalf of the gentleman from Pennsylvania (Mr. SHUSTER) and the Committee on Transportation and Infrastructure, I have been asked to ask the gentleman from California (Mr. HERGER), is this also your understanding of the intent of the resolution?

Mr. HERGER. Mr. Speaker, that is my understanding of the resolution.

Mr. SPRATT. Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. MATSUI).

Mr. MATSUI. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I would just hope that the author of this resolution, and I have not checked, and I will not check, but I hope he voted against all of the appropriations bills before the August recess and since we have come back, because, from what we understand, you have already dipped into the Social Security trust fund by passing all these appropriations bills. The Senate has as well. In fact, Mr. Crippen on August 26 pointed that out. So I just want the gentleman to understand that he has already done that.

Secondly, I think everybody knows that this will not save Social Security. This will not add one day to the life of the Social Security system, because this is just a resolution. It has no meaning at all.

It is kind of interesting, this resolution. It is about the 18th resolution on Social Security. It says, basically it expresses the desire of the House of Representatives not to do all of these bad terrible things that the gentleman from California (Mr. HERGER) does not want us to do. It is kind of interesting, it is like talking to yourself. The House should not do this to the House.

The reality is that this is irrelevant. It has no meaning at all. At least the resolution we just took up, the Taiwan resolution, expresses regret to the people of Taiwan for the earthquake. This one here is telling ourselves what to do.

What we really should be doing, instead of wasting our time, as we are on this issue, is actually do it. But, undoubtedly, what this is is just a political gimmick. I think everybody understands that.

So we will pass this thing, play our games and hope that the American public does not understand that in the next 3 weeks we are going to bust those caps. This resolution is ludicrous.

Mr. HERGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, again, what we are trying to do is break the addiction that we have had since 1937 of spending Social Security. It is a hard addiction to do away with. But why we are bringing this up again today is that we want to emphasize it, so that this Congress, before we vote on final passage of the conference committee of our appropriation bills, that we do not spend this.

Mr. Speaker, I yield two minutes to the gentleman from Wisconsin (Mr. RYAN).

Mr. RYAN of Wisconsin. Mr. Speaker, I want to thank the gentleman for all his leadership on this issue.

Mr. Speaker, I agree with a lot of what the other side of the aisle is saying. What we are trying to achieve in this resolution is essentially this: let us stop raiding Social Security.

All sides can be blamed for raiding Social Security over the last 30 years. Looking at the CBO's estimate of the President's most recent budget, the President proposes raiding Social Security. If you do not take into account his tax increases, the President proposes raiding Social Security next year by $20 billion. If you pass his tax increases, he is raiding it by $7 billion.

Having said that, the pressure in this place is amazing. I know I am a new Member of Congress, I am a young Member of Congress, but I am also growing tired and old with all the excuses you hear around here for raiding and spending Social Security.

What we are trying to achieve with this resolution is basically this: while we are going through the waning days of our appropriations battle, while we are coming to the end of the fiscal year, let us remember what we all said in our campaigns. Let us remember the policies we produced in our budgets, and that is this: every dime of money we pay in FICA taxes for Social Security should go to Social Security, should go to paying down our debt, and should go to paying off the debt we owe to Social Security, not to be spent on other government programs.

We are trying to get Congress to reaffirm that policy with this resolution today. Yes, I would say to the gentleman from California (Mr. MATSUI), it is not binding, but it does get everybody on RECORD saying "stop raiding Social Security."

The ranking member of the Committee on the Budget suggested that the raiding is already taking place, pointing to various legislative proposals in the House and Senate that are out there. If added together, it would cause raiding of Social Security.

Well, these legislative proposals have not passed yet. The tax cut was vetoed. The conference reports on the appropriations bills have not been signed into law. That is why we are trying to pass this resolution.

So as these bills are put together, as these conference reports are assembled, make sure you do not raid Social Security.

Mr. SPRATT. Mr. Speaker, I yield 3 minutes to the gentleman from Missouri (Mr. GEPHARDT), the minority leader.

(Mr. GEPHARDT asked and was given permission to revise and extend his remarks.)

Mr. GEPHARDT. Mr. Speaker, this resolution is the equivalent of saying that we are going to quit smoking while we are lighting a cigarette, or saying we are going to quit drinking alcoholic beverages while we pour out a beer, or any other equivalent that you want to talk about.

We do not need a nonbinding resolution to tell us that we do not want to spend Social Security money. We just need to do it. It is like the Nike ad, "just do it." We do not need to say what we are going to do; we need to do the right thing, not say the right thing.

As the ranking member on the Committee on the Budget, the gentleman from South Carolina (Mr. SPRATT) has pointed out, we already this year, unfortunately, are spending Social Security money.

□ 1200

There is only one way not to spend it, and that is to have a budget that does not invade the Social Security money and uses that money to pay back down debt so we are prepared for the baby boom when they come, which is what the President has been repeatedly asking us to do.

We do not have a budget on this floor today, and we are going to later today take up a continuing resolution because the majority in the House does not confront reality. The reality is, the budget that we are operating under spends Social Security money and does things that many in the majority and many on our side say we do not want to do. We need to stop the music, sit

down, and figure this out with the executive branch, with the leaders on both sides of the aisle, and come up with a new blueprint, a new budget, that does what a majority of this House wants to do.

If we continue to grind our wheels and waste time with resolutions like this, which are totally meaningless and time wasting, we are never going to get the work done of this Congress.

I urge the leaders on the other side, let us sit down, let us figure out a budget which is good for the American people, which does pay down the back debt, which does save Social Security, and gets America the budget that we need and want. Let us do it on time. We are going to miss the deadline at the end of this week. We are going to have 3 more weeks. Time is running out. It is time now to get this budget done.

As the leader of the minority, I reach out to the majority and say, let us sit down, let us figure out a budget that the President can agree to and let us get it done for the American people.

Mr. HERGER. Mr. Speaker, could we inquire of the remaining time, please?

The SPEAKER pro tempore (Mr. PEASE). The gentleman from California (Mr. HERGER) has 10½ minutes remaining, and the gentleman from South Carolina (Mr. SPRATT) has 9½ minutes remaining.

Mr. HERGER. Mr. Speaker, I yield 2½ minutes to the distinguished gentleman from Missouri (Mr. BLUNT).

Mr. BLUNT. Mr. Speaker, I thank the gentleman from California (Mr. HERGER) for yielding me this time.

Mr. Speaker, I would like to say that the budget we are working on does the things that my friend, the gentleman from Missouri (Mr. GEPHARDT) said we ought to be doing.

We must have voted on two separate budgets this year because the budget I voted on clearly balanced the budget without spending a penny of Social Security. We need to stick to that commitment. We do not need a new budget. We need a commitment to the budget we have.

What was that budget based on? That budget was based on the balanced budget agreement between the Congress and the administration in 1997, not 1987, not 1887; 1997. Two years ago, the President said, and the Congress agreed, this is how much money we need to run the government in fiscal year 2000. Suddenly, because of a productive economy and hard-working American families, we have more money than that; and suddenly we decide we have to have more money.

All this discussion about cutting programs is just not what we agreed to. We agreed that this is what we were going to spend this year. Suddenly now, if we spend what we agreed in 1997 to spend, we are cutting programs. How could that possibly be the case?

We have not broken the caps. We may do that. I do not know. We cannot possibly break the overall cap until we pass the last budget. It is not possible to do. There is one overall cap. It cannot possibly be broken until the last appropriations bill is passed. We have not done that yet.

We need to work hard to find offsets. No question, if we stay on the course we are on right now, without working to find the offsets, we will go beyond that cap, but those offsets can be found; they must be found. This House has to dedicate ourselves to do that. We should not spend a penny of Social Security.

This should be the first budget since Eisenhower was President, since fiscal year 1960, when we did not spend a penny of Social Security. As has been said earlier by my friend, the gentleman from California (Mr. MATSUI), that this is not the solution to the long-term future of Social Security.

I will say we will not find the solution if we cannot, first of all, have the resolve not to stop spending the money. This is where the solution to Social Security is found. It is found by not spending the money. Not spending the money is found by finding the resolve to find the offsets in the budget to see that we do not dip into that surplus.

Let us set a new standard for the American people and the future of Social Security.

Mr. SPRATT. Mr. Speaker, I yield 1½ minutes to the gentleman from Maryland (Mr. CARDIN).

Mr. CARDIN. Mr. Speaker, let me thank my friend, the gentleman from South Carolina (Mr. SPRATT) for yielding me this time.

Mr. Speaker, this resolution certainly is a feel-good resolution expressing the desire of the House of Representatives not to spend any of the budget surplus created by Social Security receipts and to continue to retire debt held by the public. It sounds good but the problem we have is that in 2 days, when we start the new fiscal year, we are going to start to spend the Social Security-generated surplus. That is because of the programs that the Republicans have brought forward.

First, they wanted to spend 100 percent of the on-budget surplus with a tax cut. Thank goodness the President vetoed that. Then they bust the spending caps. The projections are based upon adhering to the spending caps; but when regular spending is called emergency, such as our census that is going to come up, and we start to advance fund projects and say, well, we will pay for something in the other fiscal year that really occurs in one fiscal year, the Social Security surplus is being spent.

Do not take my word for it. The Congressional Budget Office has already told us that the Republican fiscal plan will spend the Social Security-generated surplus.

Now, I understand what my friend from California wants to do. He wants to have a responsible budget. So do I. Rather than spending time today, 2 days before we start a fiscal year, on this resolution, why are not we meeting to bring out a budget that protects Social Security and Medicare, that makes sure we do not spend the Social Security money, that retires debt, rather than doing this resolution which will have no impact?

It is only our Chamber that is doing it, and we are going to start the next fiscal year in 2 days.

Mr. HERGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, again I want to emphasize, we do not have a final budget yet. This is being done specifically to help put pressure on this Congress to do what we have already promised we would do, and that is not spend the Social Security surplus.

Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CHAMBLISS), a distinguished member from the Committee on the Budget.

(Mr. CHAMBLISS asked and was given permission to revise and extend his remarks.)

Mr. CHAMBLISS. Mr. Speaker, during the August district work period, I conducted nearly 20 town hall meetings throughout middle and south Georgia. And at every stop, I had young people who came up to me and raised the concern that Social Security would not be there for them during their retirement years.

This concern is legitimate, as American taxpayers have witnessed the raiding of Social Security surpluses time after time after time. In fact, since 1983, the Social Security Trust Fund has run a surplus. And since 1983, Washington has taken that surplus and spent it on programs that are totally unrelated to Social Security.

This practice must end; and I agree with my colleague, the gentleman from Missouri (Mr. GEPHARDT), the distinguished minority leader, who said that exact same thing earlier. After years of hard work, the independence that comes from financial security ought to be the one thing that our senior citizens can count on.

Now, earlier this year we made a commitment to this idea by overwhelmingly passing the Social Security Safe Deposit Box Act. Now, as we near the end of the appropriations process, it is important that we reiterate our resolve to reign in government spending and not spend one penny of the Social Security surplus.

I commend my colleague on the House Committee on the Budget, my good friend, the gentleman from California (Mr. HERGER), for bringing this legislation to the floor and for his tireless effort in promoting honest budgeting. This resolution reaffirms our commitment to the principles of honesty and accountability in the Federal budget process, and I urge my colleagues to support its passage.

Mr. SPRATT. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. STENHOLM).

(Mr. STENHOLM asked and was given permission to revise and extend his remarks.)

Mr. STENHOLM. Mr. Speaker, I have no argument with this resolution. I do have a problem with hypocrisy. Where has the majority been for the last 6 months? The Blue Dogs put a budget on this floor 6 months ago which was not just a meaningless, nonbinding, feel-good piece of rhetoric like today's resolution. Our budget laid out concrete strategies for doing what this resolution pretends to do: Protect Social Security with a real lockbox, fix Social Security and Medicare long term and do it now.

Where have we been the last 6 months? If the majority really embraced the tenets of today's resolution, they would have come on board the Blue Dog budget 6 months ago.

The gentleman is correct, we have a budget. The only problem is, that budget has already spent Social Security surpluses. We have already done it. How can we stand on the floor and make speeches like we are not going to do it when we have already done it? I do not understand this rhetoric.

Instead, we keep having devised scorekeeping and bookkeeping gimmicks which allow us to pretend that we kept the budget caps but which in fact have already invaded Social Security funds. When are we going to stop playing games and get serious? When are we going to have an honest effort at fixing Social Security and Medicare first and stop this endless speechifying on this floor about what we should do and the desire to do?

Where have we been? We spent 6 months debating a tax cut that would have gone into Social Security in ways in which no one on this floor could possibly have stood up and defended in the 2014 period when Social Security is going to be in its biggest trouble. No one would stand up and defend that, but here we are today with another meaningless resolution of a desire to protect Social Security when we know it has already been spent.

Mr. HERGER. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. GARY MILLER).

Mr. GARY MILLER of California. Mr. Speaker, I really hope the American people are listening to what is being said here today. What did the minority leader say? He said we need a budget that does what we want it to do. What is that? They want to spend more money.

He said let us figure out a budget that the President can agree to. What is that? He wants to spend more money.

When the President proposed his budget this year, he spent $58 billion of Social Security money.

What do we have to do to get Members to focus on the issue? We are saying, let us save Social Security.

What do the others argue on that side? No, we do not want to agree to this resolution that we will not spend Social Security dollars this year.

We need to protect the money our constituents pay for Social Security in a bipartisan fashion. If my colleagues really want to save Social Security, why will they not vote for this?

Actions speak a lot louder than words. My colleagues have come before the American people and their rhetoric says let us save Social Security, but their actions today will not vote for a resolution that says we are going to save Social Security.

None of us, including the President, should be adopting a strategy to increase pressure for spending new money just to force the other party to spend money from Social Security. It is easy to say we are going to play one up on the other side, we are going to present something that Social Security monies have to be spent for.

Let us stop that. Let us stop playing games. Let us do what we say we are going to do. Let us protect Social Security.

The gentleman from California (Mr. HERGER) is coming forward with a reasonable resolution. My colleagues on the other side say it does not do any good. What harm does it do? If it does no good, it does no harm. Let us put our actions where our efforts are. Let us say we are going to save Social Security. I urge my colleagues, Democrat and Republican, and all of us should call on the President, to support this resolution and refrain from spending one dollar of Social Security money.

This is a noble goal. This is an appropriate line to draw in the sand, and it should be drawn here today.

Mr. SPRATT. Mr. Speaker, I yield 1½ minutes to the gentleman from Washington (Mr. MCDERMOTT).

Mr. MCDERMOTT. Mr. Speaker, the question was asked by the last speaker what harm does this do? Well, this harm that is being done here is throwing sand into people's eyes again.

Now, I know the Republicans are getting to the end of the fiscal year. They all know that so they must be getting ready to do something real bad because they come dragging this old horse out here again, and said we are going to pass a lockbox.

I do not know if this is the fourth time or the fifth time we have seen the lockbox on the floor, but the gentleman from California ought to get the equivalent of the Congressional Medal of Honor for being picked to drag this mother out here.

We have already spent all the non-Social Security budget surplus. We received a letter from the CBO, appointed by the Republicans so it has to be right, there cannot be any question about it, and we received estimates that are way understated, again from a letter from the CBO to us.

Now what I watched a couple of weeks ago was something that I have not seen since I have been in the State legislature. I thought I was back in a State legislative body when I saw people coming out here and saying, well, we are going to snatch this money from next year and move it over into this money, that is like taking one of those lights up there and moving it over there and thinking that we have saved the light in this place. Light bulb snatching is going on at this point, and that has to be what is happening here because I can see these bills just being lined up to run at us for the next 3 days and everybody is going to say, but we are protecting Social Security, we have this lockbox right here. There is no bottom in that box.

□ 1215

Mr. HERGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, just in response, for the last almost 40 years that the other side of the aisle was in control, we never heard one word about protecting Social Security during that period of time. Now we are talking about it. We are putting it up front.

A final budget has not been passed, and that is the purpose of why we are here this morning.

Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. SMITH).

(Mr. SMITH of Michigan asked and was given permission to revise and extend his remarks.)

Mr. SMITH of Michigan. Mr. Speaker, what we are trying to do is lock in our intestinal fortitude not to spend the Social Security surplus. As Democrats all vote for this resolution, we would hope they also would lock in their intestinal fortitude not to spend Social Security money.

As the gentleman from California (Mr. HERGER) had suggested, until the Republicans took the majority in 1995, almost every one of those 40 years that Democrats had control before that time, the Social Security surplus was spent on other government programs. That raises a tremendous problem of, not only the indebtedness, but the problem of interest and the problem of paying it back and ultimately the solvency of Social Security.

Democrats have to stop criticizing Republicans for not spending enough money, not spending enough money on water, not spending enough money on Medicare, salaries, pork, or other government programs. That is what is happening.

The President has suggested that we spend $120 billion more next year. That was in his budget. So somehow we are going to have to have the guts, the fortitude to live within our budget without spending the Social Security surplus. I would hope both sides would work together to do that.

Mr. SPRATT. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, when the Republican Majority Leader was campaigning in Texas, he declared Social Security, ''a bad retirement program,'', ''a rotten trick on the American people'', and said, ''I think we are going to have to bite the bullet on Social Security and phase it out.''

Of course all of us remember Speaker Gingrich's prophetic remarks that we should let Medicare ''wither on the vine.'' So it is that, every time people that are predisposed against Social Security are caught meddling with it, they come up with a gimmick like this resolution.

Now, this year in Congress, the most amazing thing has been that we have been in an emergency state all year long. Every time that there has been a need to reach into Social Security, an emergency is declared. That is what happened in April when the price of getting the necessary funding for Kosovo was to attach billions of dollars of unrelated projects. That is what happened when the Republicans discovered the census that we have taken every 10 years since 1790 and declared we needed $4 billion to fund that.

Now, I understand the Republicans have discovered it gets cold in the winter and hot in the summer, so they declared the Fuel Assistance Program an emergency. These folks have almost as many emergencies as EMS—all of them to reach into Social Security. Of course we would have had a true emergency had President Clinton not vetoed their tax bill.

This designation of an emergency is just a way of grabbing money out of Social Security and spending it on unrelated projects.

So this resolution basically says, by the Republicans, ''help us,'' ''help us to not steal money from Social Security again.''

I think it ought to be approved, and I only wish there were a way to enforce it.

The SPEAKER pro tempore (Mr. PEASE). The gentleman from California (Mr. HERGER) has 2½ minutes remaining. The gentleman from South Carolina (Mr. SPRATT) has 3½ minutes remaining.

Mr. HERGER. Mr. Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. DEMINT).

Mr. DEMINT. Mr. Speaker, when we get past all of the rhetoric, the legislation, and the debate, our job here in Congress is to try to secure the future for every American. There are no Americans more deserving than our senior citizens who have put into this Social Security system all of their lives.

The reason we have this resolution today and the reason I support it is that we are having difficulty in this budget process bringing one side of this room to the table to work in good faith to solve our budget differences without spending Social Security.

I rise in strong support of this resolution so that we can all go on RECORD that we are committed not to spend any Social Security surplus, and we will work out our budget differences aside from that.

Mr. SPRATT. Mr. Speaker, I yield 1 minute to the gentleman from North Dakota (Mr. POMEROY).

Mr. POMEROY. Mr. Speaker, we are at the 11th hour in the appropriations process to get the funding for the United States Government in place by the beginning of the next fiscal year. This is an hour where the American people have a right to expect straight talk and substantive action. Instead, this majority, in a resolution introduced at 10:30 this morning, gives them this utter nonsense, basically saying we pledge not to do that which we have already done. This resolution gives hypocrisy a bad name. It is patently phony.

The fact of the matter is that actions of this body have already spent Social Security trust fund dollars. Let us not try and do some kind of bait and switch on the American public. Be square with them.

We know that, to shore up Social Security for the long haul, it will not take paper resolutions that fly in the face of the actions of this Congress. It will take bipartisan action working with the President to substantively resolve the differences before us and ensure this program for the long haul.

Vote for the resolution, but it is phony.

Mr. HERGER. Mr. Speaker, I reserve the balance of my time for closing.

Mr. SPRATT. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. BENTSEN).

(Mr. BENTSEN asked and was given permission to revise and extend his remarks.)

Mr. BENTSEN. Mr. Speaker, I want to follow up to the gentleman from North Dakota who just spoke. This is the type of resolution that gives Congress a bad name.

I know the gentleman from California (Mr. HERGER) has only the best intentions, but the fact is the CBO, our budget office, has already said that we have spent the Social Security surplus.

The problem is, Republican after Republican has come down here and said the President does not want to do this, the minority does not want to do this. They are in the majority. They control the Committee on Appropriations. They control the floor schedule.

Bring the Labor-HHS bill down to the floor. It is not our fault we have not gotten the budget done and the fiscal year is almost over. If my colleagues want to pass that bill and show the American people how much they want to cut out of education, do it. But they cannot do it.

Somebody said both sides cannot come to the table. Apparently that is all in the Republican Caucus because they cannot bring their own bills down here. They cannot keep their own bills within the budget caps set in the 1997 budget agreement. So they cannot do it on their side, and they blame it on us. They are in control.

Perhaps what the American people need to learn about this is it is time to get rid of that control and get some people who are going to be honest about the process and save Social Security.

Mr. SPRATT. Mr. Speaker, I yield myself the balance of the time to close.

Mr. Speaker, this resolution is long on principle, a principle that most of us agree with. In fact, we initiated it in the Balanced Budget Act of 1997. We laid out the plan for achieving a situation in 2002 where we would have a unified budget surplus.

We are well ahead of the plan we laid out for ourselves. The majority of the Social Security payroll taxes this year were, in fact, used to pay down Government debt. We are not quite there yet.

Now we have this resolution on the floor of the House at the 11th hour when we are facing a shutdown of the Government unless we pass one of these stopgap resolutions called a CR. We are out here spending our time on what is an empty gesture because this is long on principle, but short on practicality. Because this resolution vows that this House will not do what it has already done; and that is pass spending legislation that would require the Government to dip into the Social Security trust fund, borrow money from the Social Security trust fund next year as it has for the last 45 or 50 years.

If the sponsors of this resolution were in earnest, what they would be doing is proposing now an amended budget resolution, a road map to get us from where we are with one budget resolution, with one appropriation bill passed, 12 still mired in conference or committee, and not passed.

We do not need any more resolutions like this. We need to get down to work and pass a budget.

Mr. HERGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the reason we are here this morning, and the reason we are bringing up this sense of a concurrent resolution to not, for the first time, be spending Social Security surplus is because of what we have done in the past. We have spent Social Security surpluses in the past.

The fact is we have not voted out a final budget yet. Even the resolutions that we have put out that have gone out of here, the President has indicated he was going to veto them because we have not spent enough in them.

Just yesterday, the President was out proclaiming that we had $115 billion surplus. The fact is we do not have $115 billion surplus if we figure in the fact that is Social Security. We have to begin somewhere. Let us begin today on voting out our budgets that are within the spending caps.

Mr. Speaker, this resolution is about committing this Congress to end the raids on Social Security. Four months ago, this House passed a Social Security lockbox by an overwhelming 416 to 12 vote. Will it be easy for this Congress to not spend Social Security surpluses as Washington has done for the past 60 years? No. I have projects in my district that I would like to have funded. But, Mr. Speaker, we owe it to our constituents and our seniors to stop the raids on Social Security.

Let us set a precedent in fiscal year 2000. Let us lock up the Social Security

surplus. I urge an ''aye'' vote on this measure.

Mr. UDALL of Colorado. Mr. Speaker, I think this resolution is accurate but misleading.

The resolution says it's the desire of the House not to rely on funds from the Social Security trust fund for extraneous purposes, and to continue to retire the publicly held federal debt. I think that's accurate, because that is the desire—at least the professed desire—of all or nearly all Members. Certainly it expresses my preference.

However, it is misleading because it suggests that the House can escape arithmetic—and we can't. According to the Congressional Budget Office, some of all of the funds in question will end up being used for purposes other than those cited in this resolution.

That's not all bad, in my opinion. Congress should respond to true emergencies, such as those experienced by the victims of hurricanes and floods, and to other crisis situations at home and abroad. But we should not try to mislead people about what is involved.

We should be straightforward about our arithmetic, and not resort to phony bookkeeping devices such as pretending that the constitutionally required census is an unforeseen emergency. We also should be candid about the fact that all these estimates of future surpluses or deficits depend on assumptions, including assumptions about the realism and desirability of the funding levels set in the 1997 budget agreement.

So, Mr. Speaker, I will vote for this resolution because I agree that bolstering Social Security and reducing the federal debts should be our top priorities. But I hope none of the resolution's supporters want to mislead people about what actually has been occurring this year in terms of the tax bill and the appropriations bills. We need to be straight with the American people.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. HERGER) that the House suspend the rules and agree to the resolution, House Resolution 306.

The question was taken.

Mr. HERGER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

CONTINUING APPROPRIATIONS FOR FISCAL YEAR 2000

Mr. DREIER. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 305 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 305

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the joint resolution (H.J. Res. 68) making continuing appropriations for the fiscal year 2000, and for other purposes. The joint resolution shall be considered as read for amendment. The previous question shall be considered as ordered on the joint resolution to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chairman and ranking minority member of the Committee on Appropriations; and (2) one motion to recommit.

The SPEAKER pro tempore. The gentleman from California (Mr. DREIER) is recognized for 1 hour.

Mr. DREIER. Mr. Speaker, for the purposes of debate only, I yield the customary 30 minutes to the gentleman from South Boston, Massachusetts (Mr. MOAKLEY), my very good and hard working and overworked friend; pending which I yield myself such time as I may consume. During consideration of this resolution, all time that I will be yielding will, as usual, be for debate purposes only.

(Mr. DREIER asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. DREIER. Mr. Speaker, this rule provides for consideration of H.J. Res. 68, making continuing appropriations for fiscal year 2000. The rule waives all points of order against consideration of the resolution and provides 1 hour of general debate equally divided and controlled by the chairman and ranking minority member of the Committee on Appropriations. The rule provides for one motion to recommit.

Mr. Speaker, for 5 years, Republicans in Congress have repeatedly made the tough decisions necessary to get our Nation's fiscal house in order. The hard work of American taxpayers, combined with our commitment to spend their money wisely, has resulted in the first 2-year budget surplus since the 1950s.

I am very proud to say that our victory over irresponsible spending has been so overwhelming that maintaining a balanced budget is now a priority, not only for Republicans, but for the gentleman from Massachusetts (Mr. MOAKLEY) and the gentleman from South Carolina (Mr. SPRATT) and other Members on the other side of the aisle who join with us in our quest for maintaining balanced budgets.

Now it is time for us to take the next step and live up to the contract that we have made with America's voters. People will say it cannot be done. People will claim that we are threatening our important national needs. I happen to disagree with that assertion.

□ 1230

We cannot lose sight of the fact that the $1.7 trillion budget for fiscal year 2000 is the largest amount of Federal spending that we have ever had.

I do not believe that the unexpected tax revenue coming from hardworking Americans is a windfall given to the President and those of us in Congress to spend on nice-sounding, poll-tested programs.

First and foremost, our budget decisions should be made after we set aside the Social Security surplus, and we just had that debate on this resolution, which is obviously key to providing long-term retirement security to millions of Americans. Just like with balancing the budget, this will require hard work and fiscal discipline.

So far, under the very able leadership of the gentleman from Florida (Mr. YOUNG), who is sitting here to my right, the House and the other body have each passed 12 out of the 13 appropriations bills. One bill, as we know, has already been signed into law, and we hope to have eight more ready for the President's signature before the fiscal year ends on Thursday. I guess we already do have three that are over on the President's desk right now we are hoping that he will sign, although I guess we have heard he is scheduled to veto one of them today.

The bottom line is that we are committed to getting the appropriations work done right here in the Congress. And I think, again, that the gentleman from Florida (Mr. YOUNG) has done a superb job in this effort. This continuing resolution will allow the Federal Government to continue its normal operations while we meet that goal that we are pursuing.

Now, it should go without saying that continuing resolutions like the one we are going to be considering here, as soon as we report out this rule, are a normal part of the annual budget process. As my friend, the gentleman from Massachusetts (Mr. MOAKLEY), knows very well, when they were in the majority, it was routine for many appropriations agreements to get hammered out with the President during the month of October.

While we work in a bipartisan effort to wrap up the appropriations bills just as soon as possible, we on this side of the aisle remain focused on our Nation's top priorities: Saving Social Security and Medicare, which, again, was discussed in the last resolution we just had with us; restoring our Nation's defense posture; improving public education; and providing tax relief for working Americans.

We are making real progress on these fronts, passing the Social Security lockbox, the National Ballistic Missile Defense Act, the Education Flexibility Act, and the Teacher Empowerment Act. Although the President chose to veto the Taxpayer Refund and Relief Act, we remain committed to providing meaningful tax relief to the people who have, in fact, created this anticipated $3.4 trillion surplus.

Completing the appropriations process is more than just an accounting procedure. Throughout this process, we need to keep our broader priorities in mind. I am very confident that H.J. Res. 68 will give us the time to get that job done within the next 3 weeks.

Mr. Speaker, I reserve the balance of my time.

Mr. MOAKLEY. Mr. Speaker, I thank my dear colleague and dear friend, the gentleman from California (Mr. DREIER), for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, here we go again. Every single year as October approaches, my

Republican colleagues remember they were supposed to be passing appropriation bills in order to keep the government open for business. And every single year, we pass continuing resolutions to keep these things going until they can finish the one responsibility that they are given, and that is just passing the appropriation bills.

Now, the gentleman from Florida (Mr. YOUNG) has done an outstanding job, but there are just things that are beyond his control. This new fiscal year will start in only 3 days, and just like the past few years, the appropriation bills are not finished. In order to keep the Federal Government open for business, Congress must either pass nine more appropriation bills that the President can sign by October 1, or pass this continuing resolution.

I would hope the bills would be finished on time. The gentleman from Illinois (Mr. HASTERT), the Speaker, said they would be finished at the end of the summer. Then, on CNN-Late Edition on September 19, he said they would be finished on time. Today, September 28, the fiscal year is 3 days away and one appropriations bill has not even been reported out of committee. There still are nine unfinished appropriations bills, and getting them done even by the time this continuing resolution expires is going to be a very tall order.

In addition to breaking the promise to finish the appropriations bills on time, my Republican colleagues have broken a promise not to raid the Social Security Trust Fund. According to the Congressional Budget Office, not according to me or the Democratic party, the Congressional Budget Office, the House has already spent the $14 billion budget surplus plus an additional $16 billion of the Social Security surplus.

And they are only getting started, Mr. Speaker. They have outlined plans to pass supplemental appropriations bills of over $10 billion. And where will that money come from? It will come from the Social Security surplus.

Once upon a time, my Republican colleagues promised to keep congressional spending under budget caps. They promised to make whatever cuts they needed to stay within the spending outlines that they themselves had set. Now, 3 days before the end of the fiscal year, the promises of cuts have fallen by the wayside.

They are pretending to stay within the caps by using gimmicks like emergency spending and forward funding; treating the census, which occurs every 10 years like clockwork, as emergency spending; treating low-income home energy heating as emergency spending. Hello, George Orwell, here we are.

Still, Mr. Speaker, broken promises aside, we need to prevent another government shutdown. And the only way we can make sure this does not happen is we have to pass this resolution. Once we do that, I hope my colleagues will get serious about passing the remaining nine bills. And I hope that they will pass bills that respond to the American people, that the President can sign, rather than respond to special interests that the President is sure to veto.

Mr. Speaker, it is time to act responsibly. It is time to get this work done.

Mr. Speaker, I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. YOUNG), the chairman of the Committee on Appropriations.

Let me just say, Mr. Speaker, that I am happy to associate myself with many of the comments just made by my friend from South Boston. And, frankly, the one with which I am most proud to associate myself is his strong praise of the gentleman from Florida.

Mr. YOUNG of Florida. Mr. Speaker, I thank the gentleman for yielding me this time, and I want to compliment him and the gentleman from Massachusetts (Mr. MOAKLEY) for the drill that they experienced yesterday in the changing times on their schedule and the interruption during the hearing last night. But they have, as usual, done a very good job.

I will not take any time other than to say there is no reason not to pass this rule. Everyone pretty much agrees on the resolution that we will be presenting here in just a few minutes.

So, Mr. Speaker, again I want to congratulate the gentleman from California (Mr. DREIER) for the outstanding job he does as chairman of the Committee on Rules, and just suggest that we move this rule and get on with the continuing resolution, because some of us have conference committees to attend today, and we need to get busy finalizing the last few bills that are out there.

Mr. DREIER. Mr. Speaker, I reserve the balance of my time.

Mr. MOAKLEY. Mr. Speaker, I yield 5 minutes to the gentleman from Wisconsin (Mr. OBEY), the ranking member of the Committee on Appropriations, the gentleman who chaired the Committee on Appropriations the only time it finished the appropriations bills on time in 40 years.

Mr. OBEY. Mr. Speaker, let me simply say there is nothing new about the Congress not finishing its appropriations bills on time. That has happened many times, and it will undoubtedly happen again in the future. My concern is not so much that all of the bills have not been finished, my concern is the mind-set which has led us to this situation. And that mind-set can be revealed by describing what happened to the appropriations bills over the last 8 months.

First, this House spent 3 months trying to impeach the President of the United States. It then spent the next 8 months trying to pass a huge tax package, which would have prevented us from putting one additional dime into Social Security, into Medicare, and the like. It has, today, just debated a resolution which says we pledge not to spend one dime of the Social Security surplus at the very moment that papers are being circulated for the agriculture conference report which adds $700 million to the appropriations bill in the form of so-called emergency spending which will raise to well over $20 billion the amount of money that has already been spent by this House out of the Social Security surplus.

Then we have one other complicating factor. Seven times the gentleman from Florida (Mr. YOUNG) and the Republican majority on the committee worked in cooperation with the Democratic minority to produce bills which were bipartisan and signable. And each time he was cut off at the pass by the militant elements of his own caucus which said, no way, Jose, we do not want that kind of coalition that can pass these bills with a coalition of the great middle, a majority of the people on both sides or in both parties. Instead, we want 13 bills which reflect only our vision of what this country ought to look like. And so they turned seven bipartisan bills into seven partisan war zones. And, as a consequence, we now sit here with only less than 5 percent of the total Federal budget completed by both Houses.

I do not for one moment blame the Republican majority on the Committee on Appropriations for this situation. I do blame a mind-set which has allowed the appropriations process to be hijacked by a militant element within the majority party caucus which says our way or no way time and time and time again, and leaves us in a situation today where we are still, in my judgment, months away from having a real compromise between the White House and between both parties in this Congress.

In the end, the right people will learn one essential fact; that appropriations bills cannot be passed solely on one side of the aisle. In the end, they will recognize what virtually every Member of Congress has learned before them; that in order to pass appropriations bills, we must have coalitions made up of Members of both parties. Because those bills are too complicated and deal with too many conflicting concerns and values to do otherwise.

So that is the reality we face here today. We have a 3-week CR which will keep the government open for another 3 weeks. The question is whether in that time people will really get serious about passing bipartisan appropriations or whether they will continue the policy of confrontation and the other fictions attendant to the debate that took place in this House just a few minutes ago.

Mr. MOAKLEY. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. WATT).

Mr. WATT of North Carolina. Mr. Speaker, I am not a member of the Committee on Appropriations or the Committee on the Budget, and seldom do I come to the floor to speak on appropriations or budget matters. And I would not be here this afternoon but

for the fact that I was sitting in my office watching the debate on the previous resolution that was passed. And that resolution was one where we are pledging to not spend any of the Social Security surplus in this year's appropriations process when I know full well that the appropriations bills that are on the table now have already done that.

□ 1245

And so one of the Members asked the question, Well, what harm does this resolution do? And I just could not sit there any longer and be quiet in the face of absolute dishonesty with the American people. If there is one thing we have an obligation to do, it seems to me, is to at least say to the American people the truth about what we are doing. Otherwise, this House and every Member of this House loses integrity.

It seems to me that, while this may not be germane to the rule that we are debating now or to the appropriations bills that will be coming forward, certainly we should be honest with the American people and tell them the truth about what we are doing.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. WOOLSEY).

(Ms. WOOLSEY asked and was given permission to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, every October, without fail, the end of the fiscal year arrives. Yet, ever since taking control of the House, the Republican leadership has failed to meet this October 1 inevitable dateline, this deadline. Every 12 months there is an October 1.

Mr. DREIER. Mr. Speaker, would the gentlewoman yield?

Ms. WOOLSEY. Mr. Speaker, I do not have enough time.

Mr. DREIER. Mr. Speaker, I am happy to yield time to the gentlewoman. I will just say that that just is not an accurate statement because we have in fact been able to meet the deadline.

Ms. WOOLSEY. Mr. Speaker, this is my time.

Mr. DREIER. Mr. Speaker, I am happy to yield the gentlewoman an additional minute.

The SPEAKER pro tempore (Mr. PEASE). The gentlewoman from California (Ms. WOOLSEY) is recognized for an additional minute.

Ms. WOOLSEY. Mr. Speaker, so every year October 1 comes along, every 12 months.

So while my Republican colleagues are running around trying to take care of the fiscal logjam they have again created, I want to know and we have to ask ourselves, all of us, when we do this, who is taking care of our children? Where is today's rule for our children?

Our children do not need political posturing. They do not need budget schemes on Capitol Hill. They need more funding for education. They need quality, accessible health care. And they need the surplus invested in Social Security and Medicare. And most of all, they need our national debt to be paid down so that we will protect their future, and they need it now.

So again I ask my Republican colleagues, while they are playing games with their future, where is the rule that says our children come first?

Mr. MOAKLEY. Mr. Speaker, I yield 4 minutes to the gentleman from South Carolina (Mr. SPRATT), ranking member of the Committee on the Budget.

Mr. SPRATT. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, I first heard of concurrent resolutions when I worked in the Pentagon years ago. I remember the assistant general counsel for fiscal matters at the Pentagon, Murray Lamin explaining it this way: this is a confession of failure on the part of Congress. Congress is saying, in effect, we did not get our job done, so keep spending money the way they spent it last year until we catch up with them and tell them otherwise.

Well, Mr. Speaker, I rise today as the ranking Democrat on the Committee on the Budget to say, this is no way to make a budget. I regret that we have been brought by the majority to this juncture, but I have to say it has been clear since last April that this is where we were headed.

The resolution that we passed, the House budget resolution, was always unrealistic. We tried to make that point in earnest in the well of the House when we took it up last March. We did not succeed. We reiterated the same arguments when the tax bill came before us. And we said, to accomplish this tax bill, $792 billion, we will have to make cuts in discretionary spending that exceeds anything Congress has ever done before. It is not realistic. These cuts in the 10th year could reach as much as 30 percent across the board in nondefense discretionary spending, as much as 50 percent in discretionary spending nondefense in the items that could actually be cut. We have never done anything like that before.

So what we have before us right now is a reality test, and it is well that it has come, because the reality is that this resolution simply will not work. We cannot get it passed. It cannot be implemented. It is well that we have this reality test before we locked it in place, particularly the tax bill we had before us last August. Because what is happening now just foreshadows the budget difficulties that we would have every year for the next 10 years, at least, had we passed that tax bill premised on deep, unrealistic cuts in discretionary spending.

The majority keeps telling us, they have since last April, that they will not touch Social Security. We all have endeavored to try to minimize the amount of money we have taken out of Social Security, and each year we have done better and better. But the truth of the matter is, the majority all the time, they were repeating this as if it were their mantra, every one of their leadership has said it different ways, we are not going to take a dime out of Social Security, as they were repeating it, they were doing just that.

As I said earlier on the floor, do not take my word for it. Dan Crippen, Director of CBO, confirmed it to me in a letter August 26. As of that point, they were already $16 billion in the Social Security surplus. Since then because of other spending they are at least $11 billion more into the Social Security surplus.

Now, to do what we just did, comply with the resolution we just took up and close this budget on those terms, they have got to take at least 10 of the 13 appropriations bills back up and remark those bills. We cannot even close the budget as it is. Now we are going to send them back, is that what we are proposing to do, did and tell them to take $30 billion out of the mark already? It is not realistic.

We will all vote for this concurrent resolution. Most of us will vote for this resolution. But I hope it is not an excuse for more delay and more denial. What we need is bipartisan cooperation to close this budget on grounds that are fiscally realistic.

Mr. MOAKLEY. Mr. Speaker, I yield 8 minutes to the gentleman from Maryland (Mr. HOYER), the ranking member of the Subcommittee on the Treasury, Postal Service, and General Government.

(Mr. HOYER asked and was given permission to revise and extend his remarks.)

Mr. HOYER. Mr. Speaker, I thank the distinguished gentleman from Massachusetts (Mr. MOAKLEY) for yielding me the time.

Mr. Speaker, today we face, as too often we have, an emergency. That emergency is that we have not done our work; and, therefore, we must pass a continuing resolution to make sure that the Government stays in operation.

This is not the first time that has happened. It has happened under the leadership of both Democrats and Republicans. However, we are in a unique situation. And the emergency of which I speak is not a concocted emergency, as some would call the national census. Nor do we face an ''emergency,'' as some like in dealing with LIHEAP, the Low Income Home Energy Assistance Program.

One does not have to be a Member of Congress or a meteorologist to understand that, come winter, it is going to get cold outside and in some places it is hot and we need to fund LIHEAP.

These are not, however, the real emergencies facing America today. They are the contrived kind of gimmicks designed to do nothing more than to try to help the majority make its budget add up. The real emergency

we are facing here today is this body's inability to get its work done on time.

Under our Constitution, there is only one major legislative task required of Congress, and that is to pass the spending bills that fund the basic operations of Government. We will fail to accomplish that constitutional duty when the current fiscal year ends at midnight on Thursday and the new year begins at 12:01 on Friday.

I, of course, am for this continuing resolution. I would hasten to add that, in my opinion, had the chairman of our committee, the gentleman from Florida (Mr. YOUNG), been leading this effort or, very frankly, the chairman of our subcommittees been leading this effort, particularly the distinguished gentleman from Alabama, we would not be in this position today.

It is, however, the thoughts of a minority of this House that have put us in this position, who, as the ranking member of the Committee on the Budget have observed, have demanded that we do unrealistic things that the majority of this House will not do, which is why the Labor, Health markup was put off at least four times, and now has produced a bill which is unrealistic in terms of what the ranking member so eloquently pointed out. There is no excuse for that.

Frankly, I think the 3-week continuing resolution we are considering today is too long, but it ought to be passed and the President ought to sign it.

When the gentleman from Illinois (Speaker HASTERT) took the gavel on January 6, he said, ''We must get our job done. We have an obligation to pass all appropriations bills by this summer.'' We have not done that. Not because of the Committee on Appropriations was not able to do that, but because this House and the Senate were not able to pass the unrealistic demand of a minority of this House.

Since then, the leaders of the majority party repeatedly have told us that their primary goal was to make the trains run on time. Well, we all know that that budget process is running about as efficiently as the Washington, D.C., area does sometimes during a snowstorm.

Look at the numbers. To date, the President has signed into law only one, only one, of the 13 bills that we are supposed to pass. Two await his signature. And a third, the D.C. appropriations bill, clearly is going to be vetoed.

Frankly, let me say on the D.C. bill, everybody knows that that bill is going to be vetoed. We went through an exercise to make a social point, not a budget point, to make a point on one or more issues and to try to embarrass one or more sides. Frankly, we are almost in as bad shape as we were in 1995, when the Federal Government shut down, not once on November 19, 1995, but twice over the holiday period of Christmas and New Year's.

If my colleagues will remember, back on September 30, 1995, Congress had not passed a single spending bill. Over the next 7 months, it took 15 different legislative measures, 15, to fund the Federal Government for fiscal year 1996. The last one, an omnibus appropriations bill, was not enacted until April 26, some 8 months, 7-plus months into the fiscal year. The fiscal year was almost half over.

Now that, Mr. Speaker, in my opinion, was a real emergency. What the American people and more than, frankly, one million Federal employees who were furloughed during the two Government shutdowns during 1995 want to know is this: Is that where we are headed again today?

Now, I say that in the context of the fact that some people on the majority party, not anybody on the Committee on Appropriations are saying, we are not going to talk to the President.

Let me remind my colleagues of an extraordinary speech that Speaker Gingrich gave to what he called the perfectionist caucus of his party. That is the caucus who said, do it my way or no way, and that led to shutdown and no way.

Speaker Gingrich pointed out, I would remind my friends, that the American public have selected Republicans, Democrats, Senators, and a President and they expected us to work together, and we cannot work together, I say to my friend on the majority side, if you will not talk to the coequal branch of Government, headed up by the President of the United States.

Government is the art of compromise. I say ''art'' because it is necessary to accomplish the objectives the American public sent us here to do. It is necessary to do that to talk to one another.

I see my friend, the gentleman from Florida (Chairman YOUNG). I want to tell the American public, if the gentleman from Florida (Chairman YOUNG) were in charge, this would not happen. We would be finished with most of our work, maybe not all of it, but certainly most of it. And the chairman would have sat down with Chairman STEVENS and President Clinton, maybe not directly, maybe through staff, maybe on the telephone, but they would have sat down and they would have said, how do we make this work, realizing that nobody is going to get 100 percent.

The tragedy, my friends, is that we ought not to be here today passing a CR but for the intransigence of some. A minority of this House, not the majority, a minority of this House, has tied up these bills with unrealistic expectations both from a policy standpoint and from a fiscal standpoint. What great news we have for the American public in the context of 2 years in a row a budget surplus, the first time in 50 years that that has happened, $115 billion surplus that we have, and yet we are mired in inability to do our work on time.

I thank the gentleman from Massachusetts (Mr. MOAKLEY) for yielding me the time. I, obviously, will support this continuing resolution. But I will say to my friends in this House that I believe we ought not to pass a second resolution 3 weeks from now unless and only if meaningful progress and discussions have been made to reach agreement between those that the people of the United States have elected, the President, the House, and the Senate. We can do our business and we can do it in the next 21 days if that willful minority will let us proceed.

□ 1300

Mr. DREIER. Mr. Speaker, I am happy to yield such time as he may consume to the distinguished gentleman from Florida (Mr. YOUNG), chairman of the Committee on Appropriations.

Mr. YOUNG of Florida. Mr. Speaker, I listened with interest to the comments of my good friend from Maryland, a very important member of the Committee on Appropriations. I agree with him that the branches of government should communicate with each other. In fact, just a few days ago on the conference meeting on the Energy and Water bill, the administration had a problem with part of the language, and we invited them in to talk about it, and we resolved it in a manner that was satisfactory to both branches of government.

I want to say to my friend who has just left the floor that during the meetings that some of us had with the President during the bombing war over Kosovo, we met at the White House, and we all had a chance to discuss certain things with the President. This was back early in the year. On one occasion when the President recognized this Member to make whatever comment I wanted to make, I said directly to the President, ''Mr. President, there are budgetary problems for fiscal year 2000 because of the 1997 budget agreement that put caps on our spending at $17 billion less than it was the year before.'' And I said, ''Mr. President, I think it is important for you personally to be engaged in this dialogue.'' So I considered that an invitation for the President to be involved in the conversations about the budget and about these appropriations bills.

We have made the opening. We made the offer. We made the request of the President to get engaged. It was his decision not to do so.

Mr. MOAKLEY. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, I thank the gentleman for yielding me this time.

During the first 7 months of this year in this Republican House, we met for a total of 87 days. In those 87 days, the House managed to pass a little less than five bills per month that actually have been enacted into law. This is significantly less than even the record-setting do-nothing Republican Congress of the last two years. It is a truly awe-inspiring record of the Republican

leadership working so very, very hard to accomplish so very, very little.

There are so many issues out there that demand the attention of this Congress: public education quality; health care; the repeated requests from all over this country for this Congress to address the matter of the rights of those who are in managed health care organizations; the requests of our seniors from all over this country to provide a mechanism for getting prescription drugs at a reasonable price; the desire of so many Americans to see that their private health care records that contain confidential information that should be just between them and their health care provider, but they see this information spread out across the Internet and shared with others, those privacy rights, very, very great concern. Certainly the question with health care, even a more modest bill but vitally important to many American citizens who are currently disabled, to try to help them keep their health insurance so they can get back in the workforce. These are all measures that this Congress should be considering, should be acting on, but over the last year this Congress has failed to address any of these issues. Questions of environmental quality, of the amount of public lands that are available, whether we are protecting against the devastation of our natural resources and the spoiling of our air and our water. The question of tax equity and tax fairness. I have a bill myself concerning the way that some corporations are cheating and gaming the system and causing the rest of us to have to pay more than our fair share of taxes because they use tax loopholes and exploit their position and think that because they are big enough, they can get away with these corporate tax loopholes that are so abusive, a bill that we have been unable to even get a hearing on in this Congress.

So on one issue after another, and I have named only a few of the issues that this Congress should be attending to, it has not been because this Republican Congress has been attending to other business, to the Nation's business, to the priorities of the American people that it has failed to address the appropriations process, because it has not done anything about any of these problems, either.

And so we find ourselves coming now to the final month and the 11th hour of this Federal fiscal year. And what work has been done? Well, nine of the 13 appropriations bills necessary to prevent the government from having to shut down, nine of those appropriations bills have not even been sent to President Clinton to consider. We know that on some of them because of all the unrelated riders and attempt to change the social policy and overturn the environmental policy that this administration has pursued, that some of those bills will be vetoed and sent back for congressional consideration, but nine of the 13 have not even been sent over for the President to react to, and here we are literally hours before the end of this fiscal year.

One of those 13 bills has not even had a first draft written. The Republican leadership has scheduled one of the largest appropriations bills for the last day, the 365th day of the Federal fiscal year, they finally decided to meet together as a committee and to try to come up with a first draft, not presenting it now to the President, not even presenting it now for a vote in this House but just to get together amongst themselves and work out that first draft of this important legislation.

It just so happens that that final spending bill contains all the Federal funding for education. It contains the Federal funding for our research and investigation of health care at the National Institutes for Health. It contains much of the funding that is so important to our seniors, such as Meals on Wheels, a program that has been jeopardized by the whole Republican approach to budgeting.

On all of these matters the Republicans have basically said, ''That's our last priority,'' because it is the bill they waited until the last day of the year to even consider.

Mr. Speaker, I am sure the gentleman from Wisconsin would agree with the observation that this is a ''Congress that has a rendezvous with obscurity.''

Mr. MOAKLEY. Mr. Speaker, I yield the balance of my time to the gentleman from Wisconsin (Mr. OBEY).

Mr. OBEY. Mr. Speaker, my concern is also that this is a Congress which has a rendezvous with prevarication.

We just heard a lot of debate on the previous bill where Members promised that they would not be dipping into the deficit and promised they would not be dipping into Social Security. We have had a lot of posing for pictures about resisting breaking the budget caps. I want Members to understand when they vote for this continuing resolution, Members who vote for the continuing resolution will be voting to break the caps, because if this continuing resolution were to be carried out on an annualized basis, which is the only prudent way you can score it, it would mean that we would be spending more than $30 billion above the amount allowed by the caps.

So before people cast these silly, meaningless and in some case prevaricating votes, I would urge them to recognize what in fact they are doing when they support this continuing resolution. It is about time we face reality.

Mr. DREIER. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I rise in strong support of this resolution. I would like to begin by praising my friend from Wisconsin, the former chairman of the Committee on Appropriations, now ranking minority member of the Committee on Appropriations. He is correct when he pointed to the fact that he was able to complete the 13 appropriations bills for fiscal year 1995 when he served as chairman of the Committee on Appropriations. There is a big difference, though.

Obviously we know that the work was done in 1989, completing those 13 appropriations bills, and it was done under this majority in 1997. So basically three times in the last two decades it has been done. I again congratulate the gentleman from Wisconsin for having accomplished that. But between 1994 when he completed his work and today, something has happened, and, that is, we are living within amazing constraints that did not exist when he was chairman of the committee. For starters, the United States Senate was in the hands of Democrats, the United States House of Representatives was in the hands of Democrats, and we had a Democrat in the White House, which was an important issue. And as the gentleman last night said, appropriately, he worked with the ranking minority member of the Committee on Appropriations to deal with the 302(b) allocations in a bipartisan way.

But the real difference that has taken place is, as the gentleman from Massachusetts (Mr. MOAKLEY) very appropriately corrected his earlier statement, we did not have a balanced budget when we dealt with this in 1994. He did complete the 13 appropriations bills on time, but we did not have a balanced budget.

So what we have done twixt 1994 and today is that we are living with the 1997 balanced budget agreement which was put into place and as we all know has in fact brought about this surplus that we are all arguing over.

Now, a lot of finger-pointing has taken place from my friends on the other side of the aisle towards the Republicans. We are here today with a continuing resolution which the gentleman from Florida is going to be very ably handling in a bipartisan way in just a few minutes when we complete the debate on this rule, because we have been working with the President. We are in fact meeting our constitutional obligations. And while it does not appear terribly likely, even some on our side of the aisle would say it, we are still desperately trying to reach that midnight deadline, day after tomorrow, and have the 13 appropriations bills done.

Now, the gentleman from Maryland was correct when he said that Speaker HASTERT on his opening day said that we would complete our appropriations work, getting these bills out of the House, by the summer. Just before we adjourned in early August for that 5-week period, we had completed the work on 12 of the 13 bills. Unfortunately the day that we adjourned, we received the tragic news of the death of the father of our colleague the gentleman from West Virginia (Mr. MOLLOHAN), the ranking minority member of the Subcommittee on VA, HUD and

Independent Agencies. For that reason we were not able to complete that work just before we went into the recess. So we would have had 12 of the 13 bills accomplished.

And so I think that with again the narrowest majority that we have had in nearly five decades, that Speaker HASTERT was very, very close to being on target in what obviously is a very difficult situation. So we are trying to do our constitutional duty. I think we are doing pretty darn well in accomplishing that. We are here on this 3-week continuing resolution.

I hope, as the gentleman from Wisconsin said and as the gentleman from Maryland said, that we will not have to have another continuing resolution. I hope that we are going to have an agreement which will allow us to move ahead and get this work done and let us adjourn by the October 29 deadline that the Speaker has said he wants us to meet.

I encourage strong support of this rule and the continuing resolution. At this moment, I am going to go back upstairs to the Committee on Rules where we are reporting out the rule on yet another conference report, the Foreign Operations conference report, and we will have that tomorrow here on the floor. So we are on target and doing everything we can. I urge support of this rule and the bill itself.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

Mr. YOUNG of Florida. Mr. Speaker, pursuant to House Resolution 305, I call up the joint resolution (H.J. Res. 68) making continuing appropriations for the fiscal year 2000, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the joint resolution.

The text of House Joint Resolution 68 is as follows:

H.J. RES. 68

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the following sums are hereby appropriated, out of any money in the Treasury not otherwise appropriated, and out of applicable corporate or other revenues, receipts, and funds, for the several departments, agencies, corporations, and other organizational units of Government for the fiscal year 2000, and for other purposes, namely:

SEC. 101. (a) Such amounts as may be necessary under the authority and conditions provided in the applicable appropriations Act for the fiscal year 1999 for continuing projects or activities including the costs of direct loans and loan guarantees (not otherwise specifically provided for in this joint resolution) which were conducted in the fiscal year 1999 and for which appropriations, funds, or other authority would be available in the following appropriations Acts:

(1) the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2000;

(2) the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2000, notwithstanding section 15 of the State Department Basic Authorities Act of 1956, section 701 of the United States Information and Educational Exchange Act of 1948, section 313 of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (Public Law 103–236), and section 53 of the Arms Control and Disarmament Act;

(3) the Department of Defense Appropriations Act, 2000, notwithstanding section 504(a)(1) of the National Security Act of 1947;

(4) the District of Columbia Appropriations Act, 2000;

(5) the Energy and Water Development Appropriations Act, 2000;

(6) the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2000, notwithstanding section 10 of Public Law 91–672 and section 15 of the State Department Basic Authorities Act of 1956;

(7) the Department of the Interior and Related Agencies Appropriations Act, 2000;

(8) the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2000, the House or Senate reported version of which, if such reported version exists, shall be deemed to have passed the House or Senate respectively as of October 1, 1999, for the purposes of this joint resolution, unless a reported version is passed as of October 1, 1999, in which case the passed version shall be used in place of the reported version for purposes of this joint resolution;

(9) the Legislative Branch Appropriations Act, 2000;

(10) the Department of Transportation and Related Agencies Appropriations Act, 2000;

(11) the Treasury and General Government Appropriations Act, 2000; and

(12) the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 2000:

Provided, That whenever the amount which would be made available or the authority which would be granted in these Acts as passed by the House and Senate as of October 1, 1999, is different than that which would be available or granted under current operations, the pertinent project or activity shall be continued at a rate for operations not exceeding the current rate: *Provided further,* That whenever there is no amount made available under any of these appropriations Acts as passed by the House and Senate as of October 1, 1999, for a continuing project or activity which was conducted in fiscal year 1999 and for which there is fiscal year 2000 funding included in the budget request, the pertinent project or activity shall be continued at the rate for current operations under the authority and conditions provided in the applicable appropriations Act for the fiscal year 1999.

(b) Whenever the amount which would be made available or the authority which would be granted under an Act listed in this section as passed by the House as of October 1, 1999, is different from that which would be available or granted under such Act as passed by the Senate as of October 1, 1999, the pertinent project or activity shall be continued at a rate for operations not exceeding the current rate under the appropriation, fund, or authority granted by the applicable appropriations Act for the fiscal year 2000 and under the authority and conditions provided in the applicable appropriations Act for the fiscal year 1999.

(c) Whenever an Act listed in this section has been passed by only the House or only the Senate as of October 1, 1999, the pertinent project or activity shall be continued under the appropriation, fund, or authority granted by the one House at a rate for operations not exceeding the current rate and under the authority and conditions provided in the applicable appropriations Act for the fiscal year 1999: *Provided,* That whenever there is no amount made available under any of these appropriations Acts as passed by the House or the Senate as of October 1, 1999, for a continuing project or activity which was conducted in fiscal year 1999 and for which there is fiscal year 2000 funding included in the budget request, the pertinent project or activity shall be continued at the rate for current operations under the authority and conditions provided in the applicable appropriations Act for the fiscal year 1999.

(d) If the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2000, has not been reported in either the House or the Senate as of October 1, 1999, continuing projects or activities that were conducted in fiscal year 1999 shall be continued at the current rate under the appropriation, fund or authority and terms and conditions provided in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1999.

SEC. 102. No appropriation or funds made available or authority granted pursuant to section 101 for the Department of Defense shall be used for new production of items not funded for production in fiscal year 1999 or prior years, for the increase in production rates above those sustained with fiscal year 1999 funds, or to initiate, resume, or continue any project, activity, operation, or organization which are defined as any project, subproject, activity, budget activity, program element, and subprogram within a program element and for investment items are further defined as a P–1 line item in a budget activity within an appropriation account and an R–1 line item which includes a program element and subprogram element within an appropriation account, for which appropriations, funds, or other authority were not available during the fiscal year 1999: *Provided,* That no appropriation or funds made available or authority granted pursuant to section 101 for the Department of Defense shall be used to initiate multi-year procurements utilizing advance procurement funding for economic order quantity procurement unless specifically appropriated later.

SEC. 103. Appropriations made by section 101 shall be available to the extent and in the manner which would be provided by the pertinent appropriations Act.

SEC. 104. No appropriation or funds made available or authority granted pursuant to section 101 shall be used to initiate or resume any project or activity for which appropriations, funds, or other authority were not available during the fiscal year 1999.

SEC. 105. No provision which is included in an appropriations Act enumerated in section 101 but which was not included in the applicable appropriations Act for fiscal year 1999 and which by its terms is applicable to more than one appropriation, fund, or authority shall be applicable to any appropriation, fund, or authority provided in this joint resolution.

SEC. 106. Unless otherwise provided for in this joint resolution or in the applicable appropriations Act, appropriations and funds made available and authority granted pursuant to this joint resolution shall be available until (a) enactment into law of an appropriation for any project or activity provided for in this joint resolution, or (b) the enactment into law of the applicable appropriations Act by both Houses without any provision for such project or activity, or (c) October 21, 1999, whichever first occurs.

SEC. 107. Appropriations made and authority granted pursuant to this joint resolution

shall cover all obligations or expenditures incurred for any program, project, or activity during the period for which funds or authority for such project or activity are available under this joint resolution.

SEC. 108. Expenditures made pursuant to this joint resolution shall be charged to the applicable appropriation, fund, or authorization whenever a bill in which such applicable appropriation, fund, or authorization is contained is enacted into law.

SEC. 109. No provision in the appropriations Act for the fiscal year 2000 referred to in section 101 of this Act that makes the availability of any appropriation provided therein dependent upon the enactment of additional authorizing or other legislation shall be effective before the date set forth in section 106(c) of this joint resolution.

SEC. 110. Appropriations and funds made available by or authority granted pursuant to this joint resolution may be used without regard to the time limitations for submission and approval of apportionments set forth in section 1513 of title 31, United States Code, but nothing herein shall be construed to waive any other provision of law governing the apportionment of funds.

SEC. 111. This joint resolution shall be implemented so that only the most limited funding action of that permitted in the joint resolution shall be taken in order to provide for continuation of projects and activities.

SEC. 112. Notwithstanding any other provision of this joint resolution, except section 106, for those programs that had high initial rates of operation or complete distribution of fiscal year 1999 appropriations at the beginning of that fiscal year because of distributions of funding to States, foreign countries, grantees or others, similar distributions of funds for fiscal year 2000 shall not be made and no grants shall be awarded for such programs funded by this resolution that would impinge on final funding prerogatives.

SEC. 113. Notwithstanding any other provision of this joint resolution, except section 106, the rate for operations for projects and activities that would be funded under the heading ''International Organizations and Conferences, Contributions to International Organizations'' in the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2000, shall be the amount provided by the provisions of section 101 multiplied by the ratio of the number of days covered by this resolution to 366.

SEC. 114. Notwithstanding any other provision of this joint resolution, except section 106, the rate for operations for the following activities funded with Federal Funds for the District of Columbia, shall be at a rate for operations not exceeding the current rate, multiplied by the ratio of the number of days covered by this joint resolution to 366: Corrections Trustee Operations, Public Defender Services, Parole Revocation, Adult Probation, Offender Supervision, Sex Offender Registration, Pretrial Services, District of Columbia Courts, and Defender Services in District of Columbia Courts.

SEC. 115. Activities authorized by sections 1309(a)(2), as amended by Public Law 104–208, and 1376(c) of the National Flood Insurance Act of 1968, as amended (42 U.S.C. 4001 et seq.), may continue through the date specified in section 106(c) of this joint resolution.

SEC. 116. Notwithstanding any other provision of this joint resolution, except section 106, the rate for operations for reimbursement of past losses for the Commodity Credit Corporation Fund shall be $11,500,000,000.

SEC. 117. Notwithstanding section 235(a)(2) of the Foreign Assistance Act of 1961 (22 U.S.C. 2195(a)(2)), the authority of section 234(a) (b) and (c), of the same Act, shall remain in effect during the period of this joint resolution.

SEC. 118. Notwithstanding sections 101, 104, and 106 of this joint resolution, funds may be used to initiate or resume projects or activities at a rate in excess of the current rate to the extent necessary, consistent with existing agency plans, to achieve Year 2000 (Y2K) computer compliance and for implementation of business continuity and contingency plans.

SEC. 119. Notwithstanding sections 101 and 104 of this joint resolution, not to exceed $189,524,382 shall be available for projects and activities for decennial census programs for the period covered by this joint resolution.

SEC. 120. Notwithstanding section 101 of this joint resolution, the rate for operations for projects and activities funded by accounts in the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2000 as passed by the House and Senate affected by the foreign affairs reorganization shall be at the current rate for the accounts funding such projects and activities in the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 1999, distributed into the accounts established in the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2000 as passed by the House and Senate.

SEC. 121. Notwithstanding section 309(g) of the United States International Broadcasting Act of 1994 (22 U.S.C. 6208) and section 101 of this joint resolution, the rate for operation for Radio Free Asia shall be at the current rate for operations and under the terms provided for in the fiscal year 1999 grant from the Broadcasting Board of Governors to RFA, Inc.

SEC. 122. Public Law 106–46 is amended by deleting ''October 1, 1999'' and inserting ''November 1, 1999''.

□ 1315

The SPEAKER pro tempore (Mr. PEASE). Pursuant to House resolution 305, the gentleman from Florida (Mr. YOUNG) and the gentleman from Wisconsin (Mr. OBEY) each will control 30 minutes.

The Chair recognizes the gentleman from Florida (Mr. YOUNG).

GENERAL LEAVE

Mr. YOUNG of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the consideration of House Joint Resolution 68, and that I may include tabular and extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. YOUNG of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, there are several reasons why we bring this resolution today. One reason that has been aptly pointed out is that all the appropriation bills have not completed the process. Secondly, we anticipate that there will be several vetoes by the President which would require additional time to deal with the appropriation matters. We have asked for this resolution to be effective until the 21st of October. The President preferred the date of the 15th; the Speaker of the House preferred the date of the 29th; so we thought the 21st was a good compromise, and that date is in the resolution that we present today.

Mr. Speaker, it is a clean resolution. It does not include any Christmas tree ornaments or add-ons or any projects or anything of that nature. To the contrary, it says that there will be no new projects until such time as the regular appropriations bills have been completed.

Now I want to thank my colleague, the gentleman from Wisconsin (Mr. OBEY) who is the ranking member on the Committee on Appropriations, for the cooperation that he has given as we proceed with this continuing resolution. We provided him with copies early in the process, as well as the White House, as well as our colleagues in the Senate, and I think, except for whatever dialogue there might be of a political nature, we are pretty much in agreement on this resolution. So I want to thank the gentleman from Wisconsin (Mr. OBEY) for the cooperation that he has given through the process and last night in the Committee on Rules as we proceeded to seek the rule that has just been adopted by the house.

Mr. Speaker, there is not a whole lot more to be said about the resolution itself.

Mr. Speaker, I reserve the balance of my time.

Mr. OBEY. Mr. Speaker, I yield myself 12 minutes.

Mr. Speaker, as I said earlier, I do not in any way blame the gentleman from Florida (Mr. YOUNG) or his colleagues in the majority party on the Committee on Appropriations for the fact that we are here with only about 5 percent of the budget passed for this year because I think they genuinely tried to perform in the tradition of the Committee on Appropriations, which is to try to reach bipartisan agreement on all appropriation bills.

The gentleman from California (Mr. DREIER), the distinguished chairman of the Committee on Rules, indicated that when I was chairman of the committee that the committee had finished its work on time and no continuing resolution was required. That is true. He cited some reasons for that. I would suggest that there is a very different reason for that.

The reason that we got our work done on time that year is because the first thing I did when I became chairman was to walk across the partisan aisle, sit down with my Republican counterpart, then Congressman McDade, and suggest that we in a bipartisan way determine how much could be spent by each of the subcommittees, and we did that. That was the only time in the history of the Budget Act that that was done in a bipartisan way, and because we worked out our differences ahead of time and agreed to compromise ahead of time, we were left only to argue about the details, and we were able to finish all of the budget on time.

I am sure that if the gentleman from Florida (Mr. YOUNG) had been left to

his own devices, he would probably have done that again this year, but we are in a very different atmosphere.

We do have in this House a good many Members elected in very recent years, many of whom have term limited themselves and who believe that, if things do not happen on their watch, they do not happen at all, and as a consequence, the majority party caucus has been split into three factions, and one of those factions has come to govern political strategy when it comes to budgets. That faction has decided that they will resist all attachment to reality and they will continue to pursue the idea that somehow, even though they control only one branch of government, that they can somehow force their will on all of the branches of government including the President.

Mr. Speaker, it is that kind of mentality which led to the famous government shutdown of a number of years ago, and while I think some members of the majority caucus have been sobered by their sad experience with that chapter, I think a good many others still feel that they simply do not want to go through the hassle of resisting the militants within the Republican caucus, and so they continue to pretend that the Congress is living within the limits set by the budget agreement 3 years ago, and they continue to pretend that Congress has not already spent substantial amounts out of the Social Security surplus for the coming year.

The fact is that while they may pretend that, I have yet to run into a single member of the press, I have yet to run into a single member of the general public, certainly not in my district, who believes that propaganda. I think objective observers recognize that what is going on here is that an adherence to mythology is requiring all kinds of gimmicks that further discredit the Congress in the eyes of the American people, and I would like to quote from a few editorials to demonstrate my point.

Washington Post, in an editorial entitled ''Fake Debate,'' September 23, 1999, said as follows about the Republican leadership in the House:

> What they are doing now is pretending otherwise, not by cutting spending, but by shifting it around so that under budget conventions it won't count against next year's fiscal total. They have designated billions of dollars for the census, agriculture and Defense's emergency spending, they propose to move billions more into either the current fiscal year by hurrying it up, at least on paper, or into the fiscal year after next by delaying it even for a few days, but that matter is only in the world of accounting. In the real world the money still will be spent, and the more that is spent, the less will be available for debt reduction. When they move the money into the adjacent years, they merely eat into those years' likely Social Security surpluses in order to keep up the appearance that next year's will be left intact, but it is merely show.

Then they go on to say,

> The Congressional Budget Office recently estimated that Congress has already used about $11 billion in Social Security funds. That's without the pending $8 billion plus in emergency farm aid and without the $8 billion to $9 billion that Congressional leaders themselves now acknowledge will be required to complete the appropriation process.

When we add up that 11 billion, that 8 billion, and that 9 billion, we come to the conclusion that they have already committed to spend $28 billion out of that Social Security surplus.

Then the editorial goes on to say,

> Missing also was the money, about 3 billion, that the administration is expected to seek to cover peacekeeping costs in Kosovo. Nor were allowances made by the Congress for Hurricane Floyd, the earthquake in Turkey the stub of a tax bill that is still likely to pass,

et cetera, et cetera.

Then the editorial concludes:

> In that real world, they are already past 30 billion and counting.

Then it says:

> What does the harm is not the money they are about to spend. It's the fake debate they continue to conduct,

and I would fully subscribe to that.

Mr. Speaker, I will insert in my remarks the text of editorials from the Washington Post, an article from the New York Times and an editorial from USA Today, all of which make the similar points that I have just described.

Mr. Speaker, I think we are all living in a fiction. I did not vote for the budget that passed 3 years ago, the great budget deal that was described as the so-called Balanced Budget Act of that year, because I knew it was a public lie, and I called it a public lie at the time. I still call it a public lie; and if it is not a public lie, it is the largest fib that I have seen in a good long time because it was premised on the idea that this Congress would in the future make spending cuts in education, in health care, in Medicare care, in all kinds of programs that we know neither side of the aisle really in the end would have the votes to carry out, and that is problem number one.

Problem number two is that that has been compounded by the compulsion of the majority party to pursue a tax cut of immense proportions which, if it were passed, would prevent us from adding one dime to Social Security, one new dime to Medicare. It would prevent us from meeting our obligations in the area of health care and education, and it would in the end produce huge reductions in what is known as the people's bill, the Labor, Education and Health appropriation. If we had continued that fiction, that pursuit of that tax bill was, in fact, a rational policy goal. Education and health and worker protection programs would have had to have been cut by 32 percent in real terms, and I do not believe in the end that any responsible Congress would propose those kinds of reductions in those programs.

So what I guess I would simply say is:

We have seen the charades, the gimmicks, the advanced funding, the delayed funding; we have seen them call a 24-year-old program to help people, old folks, pay their heating bills in the wintertime, we suddenly see them declare that an emergency; we have seen them declare the census, which has to, by law, take place every 10 years in accordance with constitutional mandate, we have seen them claim that is $4 million in emergency spending; and whether it is emergency spending or not, Treasury still has to write the checks, and so that money will be spent no matter what they label it.

So it seems to me that the sooner this House and the leadership of the other body sits down with the White House and works out its differences, the better off we will be and the better off the country will be.

Now, I know that speaking to the gentleman from Florida (Mr. YOUNG) I am probably speaking to the choir because I am sure that he has made some of the same arguments, certainly not all of them because I am sure he disagrees with some, but I am certain he has made at least some of these same arguments within his own caucus. If members of his caucus had listened 8 months ago, we would not be in the fix we are in today; and I must say I am baffled by the fact that when I was at the White House picnic last week I had three different members of the Republican majority in this House come up to me and say:

''Now look. We understand we made a wrong detour when we followed the cats down this road, but you know we can still climb back on board and put things together.''

Mr. Speaker, my only comment is I wish they would quit saying that to me privately if they do not do it publicly because until we get private and public rhetoric to match, we are not going to get out of this box, and we will be spending a lot of time on false motion.

So, Mr. Speaker, I would simply urge that Members recognize that we really have no choice but to extend this or to pass this continuing resolution extending authority for the government to remain open.

□ 1330

But I really hope that folks will come back to reality, because otherwise the additional 3 weeks will do no good, and we will be back here 3 weeks from now chewing the same cud, as they say in farm country; and I do not think that will do anybody any good.

Mr. Speaker, I reserve the balance of my time.

Mr. YOUNG of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I do not disagree with everything that the gentleman from Wisconsin (Mr. OBEY) said, but I do disagree with some, and he knows that. We have had these discussions many times before. A lot of these comments should have been, and, in fact, were made at the time we discussed the budget resolution, because the issues

that the gentleman from Wisconsin (Mr. OBEY) is talking about really relate to the overall issue of the budget.

Once the budget is approved by the Congress, then we, as appropriators, we deal with only our part of the budget that has to do with discretionary spending. So most of that debate that the gentleman from Wisconsin (Mr. OBEY) just presented really belongs at the budget level.

But we are talking today about a continuing resolution. What we are trying to do is to avoid what happened last year when we ended up in negotiation with the White House in an omnibus appropriations bill that we are still sorry we ever did. We are trying to avoid that by handling each bill separately. We are doing a pretty good job at that.

This year we did two emergency supplementals requested by the President. They were signed into law. We did the Military Construction appropriations bill. It went through conference, was signed into law. The Legislative Branch conference report is awaiting the President's signature and has been there for a while. The Treasury-Postal conference report, again, as passed by the Congress, is on the President's desk waiting for his signature.

The District of Columbia conference report is on the President's desk. We understand that will be vetoed, and that is one of the reasons we do need a CR, because the veto will take time to negotiate out with the President.

The conference report on the Energy and Water appropriations bill was passed yesterday in the House and will be on its way to the President's desk very shortly. The Agriculture bill is in conference, and the conference signature sheets are being circulated to be signed and it will be ready to be filed shortly. The Foreign Operations conference report is completed and is in the Committee on Rules today.

We have three other bills in conference. The Defense conference expects to wrap up their business tomorrow, Commerce-State-Justice is having some problems because of a lot of major differences between the House and the Senate, and the Transportation conference will meet tonight. So we are actually moving.

On the other two, Interior and VA–HUD, we cannot go to conference until both bodies have passed the legislation. The Senate has just recently passed those last two, and we expect to be able to appoint the conferees sometime today. Of course, the real problem is the Labor-HHS bill, which we will mark up in the full committee on Thursday.

So we do the continuing resolution to make sure that the Government does not falter in the meantime.

Continuing resolutions are not new to the Congress. We all complemented the gentleman from Wisconsin (Mr. OBEY) for the year that he chaired the committee, and he did have his bills done on time without any continuing resolution. But that year he had a lot more money than they had the year before. It is easier when you have a lot of money. This year we have $17 billion less than we had the year before. That makes it tough.

But a little history. Let me take a few years while the party of the gentleman from Wisconsin (Mr. OBEY) was still the majority party. In fiscal year 1994, we had three continuing resolutions for a total of 41 days. In fiscal year 1993 we only had one, for a total of 5 days. In fiscal year 1992 we had three CRs for a total of 57 days. In fiscal year 1991 we had 5 CRs for a total of 36 days. In fiscal year 1990 we had three CRs for a total of 51 days.

Then when the Budget Impoundment and Control Act was enacted by the Congress, under the Democratic majority, for some reason, I guess because they could not get the job done on time, they changed the fiscal year. Many Members were not here when that happened, but the fiscal year used to begin on the first of July, but the majority party then was not able to meet the deadline, so they just changed the fiscal year. Talk about fiction, they just changed the fiscal year.

So, anyway, we do have a CR today to avoid an omnibus appropriations bill and to get these bills individually to the President's desk. Sometimes I wish that this were fiction, but it is not. It is the real world. Appropriations bills, of all the bills we consider, appropriations bills must be completed.

Again, I want to thank the gentleman from Wisconsin (Mr. OBEY) for the cooperation he has given us throughout the year. I know there have been major differences, and we have explored those differences, but still he has cooperated and helped us move the process, and I say to him thank you very much for that.

Mr. Speaker, I reserve the balance of my time.

Mr. OBEY. Mr. Speaker, I yield myself 8 minutes.

Mr. Speaker, I have a great deal of affection and respect for the gentleman from Florida, but I do think that he should not be rewriting history, as he just did.

He just indicated that in 1974, when the Congress was under Democratic control, it added 3 months to the fiscal year, implying that it did it simply for some fiscal gimmick reason. That is nonsense. He and I were both here at that time, and we ought to both remember what happened.

We had a new budget act passed that year. What that Budget Act did was change the fiscal year. The fiscal year used to start on July 1; and because Congress could not get its work done since it only came in in January and had just a very few months to do its work, what they did was to change the fiscal year so that in the future, instead of running from July 1 to July 1, it would run from October 1 to October 1, recognizing the reality of the Congressional schedule.

We did not do, as the majority party at least in the Senate suggested doing, we did not add a 13th month to the fiscal year in order to hide the spending of $20 billion, as is now being done on the Labor-Health-Education bill.

Mr. Speaker, I also will insert in the RECORD an article in USA Today dated September 28th which is entitled ''Congress Looks to Gimmicks to Bend Budget Rules.''

Mr. Speaker, I would like to return to some of the thoughts that I was trying to complete a few minutes earlier. We have heard a great deal of debate today about whether or not Congress is going to be invading the Social Security surplus in the coming year or not.

I want to lay out what the facts are. The Congressional Budget Office on July 1 indicated that we would have for the coming year a surplus of about $14 billion. That was based on the assumption that Congress would stick to outlay caps for appropriations bills which were in existing law. But the Congressional Budget Office, which is, after all, the fiscal referee and the chairman of which is appointed by the Republican majority, that Congressional Budget Office says that the House Committee on Appropriations has already allocated $17 billion above the caps for non-emergency spending.

Then, on top of that, they are well down the road to allocating $14 billion more to the various appropriations subcommittees, pretending that the $14 billion surplus which existed in July still exists. It does not, as CBO makes quite clear.

Then if you add to that the $4 billion which they have set aside for the so-called emergency census, and if you add to that the funding which the majority party leadership has already indicated it supports for supplementals totaling about $10 billion in outlays, and if you add to that the tax extenders which they intend to pass and the Medicare give-back package which they intend to pass, you can see why virtually every major national newspaper already recognizes that this Congress is spending $35 billion or so out of that Social Security surplus.

I am not criticizing the individual decisions made by the majority. I am simply suggesting that if those decisions are to be made, they ought not be masked behind a smoke screen of false rhetoric; and, in my view, that is what is happening on this issue.

I would simply point out as a practical person that when we get rid of these artificial constructs, if we handle things right, we will still be in a position where next year we will pay down the deficit by about $10 billion. No matter what phony Social Security construct or what phony budget cap construct is put on it, in the end, when this Congress comes to its senses, recognizes it cannot gut the President's priorities and that it cannot fool the public into thinking that these gimmicks that they are engaging in do not spend money, what I am saying is, in the end, if we negotiate this outright, we will still bring down that public

debt this year by about $120 billion; and we will have done the same thing this year in a fairly similar amount.

We all ought to be able to recognize that that is a reasonable achievement, and if we would just recognize that, rather than wasting immeasurable time building these phony constructs, I think, in the end, we would produce a better budget and we would have more time to focus on what works, rather than focusing on which accounting gimmick is the most sly, and, in the process, just by accident, we might even improve the public's ability to believe what we say.

So I would say in closing, I think rather than listening to the false rhetoric that we heard on the floor earlier today on the Social Security proposition, I think the public, in judging what this Republican-controlled Congress is doing on the budget, ought to take the advice of that well-known defender of liberty, John Mitchell, the former Attorney General under Richard Nixon, who said once that to understand what the Republicans were doing, it was necessary to ''watch what we do, not what we say.''

I think the press has been doing that; I think the public has been doing that. And that is why their false arguments are falling on fallow ground.

Mr. Speaker, I include for the RECORD the articles referred to.

[From USA Today]

GOP LEADERS FALL SHORT ON FISCAL PROMISE

Republican congressional leaders have spent the past year promising the public that they've reinforced their commitment to fiscal discipline. They vowed they'd pass the required budget bills on time, live within agreed-upon spending caps and resist raiding the Social Security trust fund.

But with three days left before 1999 funding for every government agency runs out, the script has hit some snags. The GOP majority hopelessly has blown the first two promises and shows little of the self-discipline needed to keep even its oft-repeated Social Security pledge.

And instead of revealing the flaws behind their fiction, Republicans still are scrambling to manipulate a happy ending.

Only four of the 13 annual spending bills for the new year starting Friday have been sent to the president. House Speaker Dennis Hastert finally acknowledged over the weekend that a stopgap measure will be required to avoid another government shutdown like the one that backfired on the GOP four years ago.

Further, the spending approved so far and in the congressional pipeline will exceed the 2000 spending cap agreed to in 1997 by roughly $30 billion, swallowing the much heralded $14 billion surplus while leaving the government's non-Social Security accounts $15 billion overdrawn.

What happened? Despite talk about economy in government, lawmakers have been unable to resist throwing more money at weapons purchases, military salaries, hometown projects and other favored causes.

Paying for all that without cheating would require dipping into surplus Social Security income, as Congress has done for decades. So much for the promise of putting Social Security surpluses into a ''lock box'' untouchable for other purposes.

To avoid acknowledging reality, Congress has tried one bookkeeping gimmick after another:

Declaring fully predictable costs like the 2000 census and a long-established program of winter-heating aid for the poor ''emergencies,'' and thus outside spending limits.

Trying to charge politically potent spending, like more than $5 billion in new aid to farmers, against this year's books even though it won't reach anyone until next year.

Snatching back, at least for a year, $3 billion in federal aid promised to the states as part of the 1996 welfare reform.

Disguising still-unknown billions in 2000 spending by charging it against a hoped-for surplus in 2001, exploiting an established loophole to create in effect a 13-month year.

Republicans are not unique in their gamesmanship. Democrats have been fully complicit in fudging budget caps in recent years, and President Clinton's spending proposal for 2000 had its own similarly surreal qualities.

For example, Clinton's claim to a balanced budget was based on increased tobacco taxes and other changes that were clear non-starters.

But the majority party in Congress controls the legislative agenda and carries prime responsibility for enacting a budget.

So far, GOP leaders can't muster the discipline to keep their promises, or the courage to explain why not. So they shouldn't be surprised if voters who were promised a surplus and a safe Social Security hold them responsible when they discover neither exist.

[From the New York Times, Sept. 24, 1999]

HOUSE G.O.P. ON CREATIVE ACCOUNTING SPREE

(By Tim Weiner)

WASHINGTON, Sept. 23.—Creative accounting by Congress reached new heights today as House Republican leaders, desperately seeking money for their spending bills, used budgetary devices to manufacture nearly $17 billion out of thin air.

First they ordered appropriators to tap $12.7 billion from the budget for the year after next, the 2001 fiscal year. Then they declared $1.1 billion for a long-established program to help the poor pay their heating bills as an unforeseen ''emergency,'' taking the money off the official ledger.

And then, apparently breaking a pledge made by the former Speaker Newt Gingrich, they moved to rescind $3 billion in welfare funds for state governments.

The moves were part of a plan to help finance a bill for labor, education, health and human services programs that nonetheless cuts or eliminates so many health and education programs that President Clinton vowed tonight to veto it.

The leadership's effort to take back welfare money provoked protests from the nation's governors, Republicans and Democrats alike. They issued a statement calling it ''a drastic departure'' from a deal between Congress and the states.

That deal, sealed by Mr. Gingrich in a letter on June 5, 1998, pledged that the Republican-led Congress would not touch the welfare money, known as Temporary Assistance for Needy Families.

''I gave you my word that T.A.N.F. funding will be guaranteed for five years,'' he said. ''Rest assured that I will stand by that commitment.''

There had been talk in Congress last year of a similar plan to tap into the states' welfare coffers, and Mr. Gingrich's letter sought to quell the governors' suspicions.

The chairman of the National Governors' Association, Gov. Michael O. Leavitt of Utah, a Republican, said the current Republican leadership in Congress had privately assured the governors that Mr. Gingrich's word was still good. ''We took them at their word and still hope they'll maintain the integrity of their decision,'' Mr. Levitt said.

The loss would be temporary, Republican leaders say. They promised to replace the funds in the 2001 fiscal year. ''It's just a temporary relocation,'' said John P. Feehery, a spokesman for Speaker J. Dennis Hastert. ''They'll get the money back.''

Congress has completed work on only four of its 13 spending bills. It appears certain to fail to complete them, with one week left until the new fiscal year begins on Oct. 1.

But Congress is on track to drain a projected $14 billion surplus for the 2000 fiscal year and to break the spending caps it imposed on itself. It looks increasingly likely to tap into surplus Social Security payments to finance its spending bills, something the Republican leadership has said repeatedly that it will not do.

The Republicans' deepening dilemma was apparent in the moves to borrow heavily from the 2001 Budget, to declare a 24-year-old home-heating program an unforeseeable emergency, and to try to take back the welfare money.

Congress has used borrowing from future years, a process called forward funding, in the past. But it has never used more than $12 billion in a single year for all Government programs combined, let alone a single spending bill, the Senate Budget Committee said.

And it has not declared programs like hone-heating assistance to be fiscal emergencies, a category usually reserved for wars and natural disasters, not the coming of winter.

Nor has it asked and states to give back welfare money. At least 38 states would be affected if the welfare recession becomes law. New York would lose $508 million in welfare funds in the fiscal 2000 year, and California would lose $47 million.

The $89 billion bill labor, education and health and human services was approved today by a House appropriations subcommittee on a party-line vote, with eight Republicans in favor and six Democrats Opposed.

The subcommittee's chairman, Representative John Edward Porter, Republican of Illinois, made it plain that the creative accounting measures to finance the bill had been dictated by the Republican leadership. ''I work with what they give me.'' he said. ''Decisions have been made that I'm not a part of.''

In other legislative action, negotiators from the House and the Senate worked toward a compromise that would require more flight tests for the F–22 fighter plane, a $70 billion program, before allowing the plane to begin production. The House voted to withhold $1.8 billion to build the first six F–22's; the Senate wanted the planes built next year.

[From the Wall Street Journal, Sept. 20, 1999]

CONGRESSIONAL TIME CRUNCH WILL PLAY IN DECISIONS REGARDING SPENDING BILLS

(By David Rogers)

WASHINGTON.—As Republicans prepare for a year-end confrontation with President Clinton regarding budget priorities and tobacco taxes, they are trying to clear the decks this week of spending bills affecting everything from Lockheed Martin Corp.'s F–22 to emergency farm aid.

Under a revised spending plan adopted Friday, Senate Republicans agreed to billions more for defense in anticipation of the House restoring funds for the purchase of F–22

fighters as test planes for the Air Force. Senate Appropriations Committee Chairman Ted Stevens (R., Alaska) wants the full complement of six aircraft under contract with Lockheed. F–22 critics want fewer, but some purchases seem certain and GOP opponents in the House are being undercut by their own leaders, who are anxious to move bills.

Toward that end, the GOP hopes to complete negotiations tomorrow night on an emergency farm-aid bill that has grown to nearly $8 billion. The House is retreating from deep Energy Department cuts opposed by Senate Budget Committee Chairman Pete Domenici (R., N.M.). And hundreds of millions of dollars more will be restored for space-science programs cut by the House less than two weeks ago.

The targets would lift spending above what either chamber has approved. The GOP no longer appears to be clinging to the pretense of staying within prescribed budget caps and instead would allow spending to go about $14.5 billion higher.

That number matches the on-budget surplus projected by the Congressional Budget Office, although there is serious doubt it still exists. CBO's estimates show the surplus has been exhausted, given spending commitments by Congress. But by keeping what amounts to two sets of books, Republicans have clung to the claim that excess spending under $14.5 billion won't require borrowing from the Social Security trust fund.

The collapse of the budget caps and shift of focus to Social Security changes the technical nature of the spending debate. The multiyear caps—first adopted as part of the balanced-budget plan in 1997—govern the level of appropriations, which may be spent out during several years. By comparison, the claims and counterclaims about Social Security focus more narrowly on the direct outlays that result from these bills only in the 12-month period that begins Oct. 1.

To the extent Republicans ignore CBO as Congress's scorekeeper, the GOP becomes that much more dependent on the Office of Management and Budget, which is allied with the president. Yet the two sides also have common interests at times in playing down the costs of their actions.

A case in point is the farm package, which would lift total aid to agriculture to more than $20 billion this calendar year. Republicans are desperate to see the money distributed before Oct. 1 so it won't appear that seems unrealistic, it might be to the president's advantage to score the costs as committed in fiscal 1999, so as to minimize any threat to Social Security in fiscal 2000.

The reason why is that Mr. Clinton wants to keep the numbers manageable himself. He will want more spending, for everything from foreign aid to education. But the administration wants to keep the total in add-ons to less than $8 billion so it can pay for the costs and protect Social Security with tobacco taxes.

The chief accomplishment of the GOP plan is to minimize House and Senate differences. The goal is to produce passable bills: between $9 billion to $11 billion is allocated to try to expedite committee action this week on a long-delayed bill funding the departments of Labor, Education, and Health and Human Services. But by pumping so much into defense—about $6 billion over Mr. Clinton's request—the plan doesn't leave enough for other priorities to receive the President's signature.

[From the Washington Post, Sept. 23, 1999]

FAKE DEBATE

On the budget, the Republicans continue unaccountably to set themselves up to fail in this Congress. They set goals that derive from a mythic view of government rather than the reality. Then reality intrudes, and they turn out to lack the votes to attain the goals even within their own caucus.

They began the year by saying they could cut domestic spending for all programs but Social Security deeply enough to produce a $1 trillion surplus over the next 10 years, most of which they proposed to use to pay for a major tax cut. They passed the tax cut, though narrowly, but can't produce majorities for even the first phase of the corresponding spending cuts—and the president is about to veto the tax cut, having made the case that the spending cuts would do serious governmental and social harm.

Their new goal, if they can't have the tax cut, is to hold down domestic spending anyway by invoking Social Security. They propose to outdo the Democrats as protectors of the giant program by using none of the Social Security surplus next fiscal year to cover other governmental costs, as has regularly been done in the recent past. It would all be virtuously used instead to pay down debt. But that requires that spending for everything but Social Security be financed out of non-Social Security taxes, a tight constraint, and they don't have the votes for that either.

What they're doing now is pretending otherwise, not by cutting spending but by shifting it around so that, under the budget conventions, it won't count against next fiscal year's total. They've designated billions of dollars for the census, agriculture and defense as emergency spending. They propose to move billions more into either the current fiscal year, by hurrying it up, at least on paper, or into the fiscal year after next, by delaying it, even if only a few days.

But that matters only in the world of accounting. In the real world, the money still will be spent, and the more that is spent, the less will be available for debt reduction. When they move the money into the adjacent years, they merely eat into those years' likely Social Security surpluses in order to keep up the appearance that next year's will be left intact. But it's merely show.

The projected Social Security surplus for the year that will begin next week, Oct. 1, is about $150 billion. A realistic accounting suggests that at least a fifth of that will be used to cover other governmental costs. Strictly speaking, Social Security will be no worse off; the same IOUs will be placed in the Social Security trust fund whether the money is used to cover other costs or pay down debt. The Congressional Budget Office recently estimated that Congress already has used about $11 billion in Social Security funds. That's without the pending $8 billion-plus in emergency farm aid, and without the $8 billion to $9 billion that congressional leaders themselves now acknowledge will be required to complete the appropriations process.

Missing also was the money—about $3 billion—that the administration is expected to seek to cover peacekeeping costs in Kosovo. Nor were allowances made for Hurricane Floyd, the earthquake in Turkey, the stub of a tax bill that still is likely to pass, some money for the hospitals to make up for Medicare cuts of a couple of years ago that sliced deeper than anticipated, etc. In that real world, they're already past $30 billion and counting.

The Republicans will try to make it seem the president's fault, and he, theirs. But it's no one's fault that they're breaching a limit that has nothing to do with the true cost of government and was never more than a political artifact. What does the harm is not the money they're about to spend. It's the fake debate they continue to conduct.

[From USA Today, Sept. 28, 1999]

CLINTON ANNOUNCES $115 BILLION SURPLUS

(By Laurence McQuillan)

WASHINGTON.—President Clinton said Monday that the projected federal budget surplus for fiscal 1999, which ends Thursday, will be at least $115 billion, the largest in U.S. history.

Clinton, who last week vetoed a GOP plan to cut taxes by $792 billion over 10 years, said the revised budget estimate amounted to ''a landmark achievement for our economy.'' He urged Republicans to work with him on cutting taxes and shoring up the Medicare and Social Security systems.

Although the administration had previously predicted a $99 billion surplus, the Congressional Budget Office had projected a $114 billion figure for the current fiscal year.

''More surplus money for Washington means less money for families and workers across our country,'' said House Ways and Means Chairman Bill Archer, R–Texas.

Fiscal 1999 will be the second consecutive year there has been a surplus, the first time that has happened since 1957. There was a $69 billion surplus last year.

Virtually all of the surplus is the result of the government collecting more in Social Security taxes than it is paying in benefits.

[From USA Today, Sept. 28, 1999]

CONGRESS LOOKS TO GIMMICKS TO BEND BUDGET RULES

(By William M. Welch)

WASHINGTON.—Declare the Census an emergency. Add a 13th month to the year. Delay mailing government checks to the poor. Take money from the states.

Whether Orwellian or Scrooge-like, these ideas and more have been offered with straight faces in Congress in recent weeks, and some stand a good chance of being passed.

Why? It's budget crunch time in Washington.

As usual, the approach of the federal government's new fiscal year, which begins Friday, is bringing a mad rush to pass the 13 spending bills that are required to finance the normal operations of government.

This time, the strain is higher than ever because Congress and its Republican leaders must make the package fit within the tight budget confines they've set for themselves.

Paradoxically, the political tension comes after both parties have spent most of the year fighting about what to do with $3 trillion in budget surpluses forecast to materialize during the next decade.

But lawmakers in both parties, particularly majority Republicans, have painted themselves into a budget corner with a pair of political vows:

To live within the tight budget limits, called ''caps,'' that both sides agreed to in a balanced-budget deal in 1997.

Not to spend any of Social Security's money on other programs.

The federal government is projected to enjoy a record surplus in fiscal 2000 of $161 billion. Yet if Congress strictly follows the spending limits set in 1997, it would have to cut spending in many programs.

So Congress has been looking for ways to get around both of those commitments.

After failing to find any other good solution, Republican congressional leaders acknowledged recently that they cannot live within the spending limits set two years ago and will approve more spending.

''You have to be honest and acknowledge we're not going to meet the caps,'' Senate Majority Leader Trent Lott says.

That decision ensures that billions more will be available for education and health

programs, but it doesn't resolve the problem created by their second commitment not to spend any of the budget surplus that is tied to Social Security, which accounts for all but $14 billion of next year's expected surplus.

So lawmakers have reached new levels of creativity in their search for ways to spend money without having it count in budget bookkeeping—in other words to tap the Social Security surplus while denying they are doing so.

''The only question is, which gimmicks are we going to use and which new ones are we going to invent?'' says Stan Collender, a former budget aide on Capitol Hill and head of the Federal Budget Consulting Group, a fiscal watchdog organization at public relations firm Fleishman-Hillard.

Congress has completed only four of the 13 spending bills, and the most controversial one—for education, labor and health programs—began to take shape only late last week. An $89 billion version of that bill proposed by House GOP leaders is on the cutting edge of budget gimmickry.

Among the examples of creative accounting:

Declare an ''emergency'' so the money isn't counted against spending limits. Congress has done that liberally with floods, hurricanes, drought and military operations. Now it's considering declaring the $4 billion cost of the 2000 Census an emergency, as well as a $1.1 billion program that helps the poor pay heating bills.

Spend in a 13th month. Congress often uses a device called ''advance funding,'' in which spending in one year is moved to another to keep the books in balance. Clinton proposed doing it in his own budget plan. But this Congress is taking that device to new lengths by shifting nearly $13 billion in the health and education bill into the next year. Senate critics derided the plan as declaring a 13th month of spending.

Whack the states. After assuring governors they wouldn't do it, House GOP leaders now propose to reclaim $3 billion in federal welfare payments to the states that the states haven't spent.

Tap the poor. Another proposal GOP leaders have floated is to delay income tax credits to qualifying low-income families, sending out refunds in a series of checks over the course of the year rather than in one lump sum, as is done now. That would allow the government to hold the money longer.

Congressional Democrats and the White House reacted to each idea with ridicule.

''They can't make their budget work without resorting to cheap gimmicks,'' Senate Democratic leader Tom Daschle says. ''Now reality is meeting rhetoric.''

And in the end, some of the proposed gimmicks might be dropped.

''You test them out and see if they've got legs,'' House Majority Leader Dick Armey, R-Texas, says.

Congressional Republicans acknowledge they won't resolve the budget squeeze before the new fiscal year begins Friday. They're making plans for a stopgap spending measure to keep programs going for another month. That would give both parties time to work out differences and avoid a repeat of the government shutdown in late 1995 and early 1996.

Mr. Speaker, I reserve the balance of my time.

Mr. YOUNG of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I just hope that all Members will come to the floor and vote for this continuing resolution so that we can continue the appropriations process.

Mr. FROST. Mr. Speaker, after discussions with the White House, it is my and Congressman GENE GREEN's understanding that H.J. Res. 68 continues the moratorium placed on the Department of Interior from implementing final rulemaking regarding the valuation of crude oil for royalty purposes.

Section 101(a) of H.J. Res. 68 states: ''Such amounts as may be necessary under the authority and conditions provided in the applicable appropriations Act for fiscal year 1999 for continuing projects or activities including the costs of direct loans and loan guarantees (not otherwise specifically provided for in this joint resolution) which were conducted in the fiscal year 1999 and for which appropriations, funds, or other authority would be available in the following appropriations acts: (7) the Department of Interior and Related Agencies Appropriations Act, 2000;''

I appreciate this clarification from the White House.

Mr. OBEY. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. YOUNG of Florida. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. PEASE). All time for general debate has expired.

Pursuant to House Resolution 305, the joint resolution is considered read for amendment and the previous question is ordered.

The question is on engrossment and third reading of the joint resolution.

The joint resolution was ordered to be engrossed and read a third time and was read the third time.

The SPEAKER pro tempore. The question is on the joint resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. OBEY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 421, nays 2, answered ''present'' 1, not voting 9, as follows:

[Roll No. 453]

YEAS—421

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Archer
Armey
Bachus
Baird
Baker
Baldacci
Baldwin
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Blagojevich
Bliley
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Capuano
Cardin
Carson
Castle
Chabot
Chambliss
Chenoweth
Clay
Clayton
Clement
Clyburn
Coble
Coburn
Collins
Combest
Condit
Conyers
Cook
Cooksey
Costello
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Filner
Fletcher
Foley
Forbes
Ford
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Largent
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCrery
McDermott
McGovern
McHugh
McInnis
McIntosh
McIntyre
McKeon
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, Gary
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Morella
Murtha
Myrick
Nadler
Napolitano
Neal
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Payne
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Reyes
Reynolds
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Ryan (WI)
Ryun (KS)
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Schaffer
Schakowsky
Scott
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Spence
Spratt
Stabenow
Stark
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin

Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tiahrt
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watkins
Watt (NC)
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wynn
Young (AK)
Young (FL)

NAYS—2

DeFazio
Paul

ANSWERED ''PRESENT''—1

Kaptur

NOT VOTING—9

Bishop
Cox
Hoyer
Miller, George
Moran (VA)
Riley
Rush
Scarborough
Wu

□ 1405

So the joint resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. MORAN of Virginia. Mr. Speaker, earlier today I was unavoidably detained by official business and, as a result, missed roll call vote number 453. Had I been present, I would have voted "yea" on this resolution.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. PEASE). Pursuant to clause 8 of rule XX, the Chair will now put the question on each motion to suspend the rules on which further proceedings were postponed earlier today in the order in which that motion was entertained.

Votes will be taken in the following order:

H.Res. 292, by the yeas and nays;

H.Res. 297, by the yeas and nays; and

H.Res. 306, by the yeas and nays.

The Chair will reduce to 5 minutes the time for any electronic vote after the first such vote in this series.

EXPRESSING SENSE OF HOUSE REGARDING EAST TIMOR

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the resolution, H. Res. 292, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. GILMAN) that the House suspend the rules and agree to the resolution, H.Res. 292, as amended, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 390, nays 38, answered ''present'' 1, not voting 4, as follows:

[Roll No. 454]

YEAS—390

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Armey
Bachus
Baird
Baker
Baldacci
Baldwin
Ballenger
Barcia
Barrett (NE)
Barrett (WI)
Barton
Bass
Bateman
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop
Blagojevich
Bliley
Blumenauer
Blunt
Boehlert
Boehner
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Bryant
Burr
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Capuano
Cardin
Carson
Castle
Chabot
Chambliss
Clay
Clayton
Clement
Clyburn
Coburn
Condit
Conyers
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cummings
Cunningham
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Dreier
Dunn
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Ewing
Farr
Fattah
Filner
Fletcher
Foley
Forbes
Ford
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutierrez
Hall (OH)
Hastings (FL)
Hastings (WA)
Hayworth
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Holden
Holt
Hooley
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Largent
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCrery
McDermott
McGovern
McHugh
McInnis
McIntosh
McIntyre
McKeon
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Millender-McDonald
Miller (FL)
Miller, Gary
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (VA)
Morella
Murtha
Myrick
Nadler
Napolitano
Neal
Nethercutt
Northup
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Payne
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Reyes
Reynolds
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Ryan (WI)
Ryun (KS)
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Schakowsky
Scott
Serrano
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Spence
Spratt
Stabenow
Stark
Stearns
Stenholm
Strickland
Stupak
Sununu
Sweeney
Talent
Tanner
Tauscher
Tauzin
Taylor (MS)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Thurman
Tiahrt
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watkins
Watt (NC)
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wynn
Young (AK)
Young (FL)

NAYS—38

Archer
Bartlett
Bonilla
Brady (TX)
Burton
Chenoweth
Coble
Collins
Combest
Cubin
Dickey
Doolittle
Duncan
Everett
Goode
Gutknecht
Hall (TX)
Hansen
Hayes
Hefley
Hoekstra
Johnson, Sam
Jones (NC)
Manzullo
Metcalf
Moran (KS)
Ney
Paul
Petri
Schaffer
Sensenbrenner
Sessions
Shuster
Souder
Stump
Tancredo
Taylor (NC)
Thune

ANSWERED ''PRESENT''—1

Barr

NOT VOTING—4

Hoyer
Riley
Scarborough
Wu

□ 1425

Messrs. GUTKNECHT, SOUDER, HOEKSTRA, METCALF, SHUSTER, MORAN of Kansas, and ARCHER changed their vote from ''yea'' to ''nay.''

So (two-thirds having voted in favor thereof) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: ''A resolution expressing the sense of the House of Representatives regarding the referendum in East Timor, calling on the Government of Indonesia to assist in the termination of the current civil unrest and violence in East Timor, and supporting the United Nations Security Council-endorsed multinational force for East Timor.''.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. PEASE). Pursuant to the provisions of clause 8 of rule XX, the Chair announces that he will reduce to a minimum of 5 minutes the period of time

within which a vote by electronic device will be taken on each additional motion to suspend the rules on which the Chair has postponed further consideration.

EXPRESSING SYMPATHY FOR VICTIMS OF DEVASTATING EARTHQUAKE IN TAIWAN

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the resolution, House Resolution 297, as amended.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. GILMAN) that the House suspend the rules and agree to the resolution, House Resolution 297, as amended, on which the yeas and nays are ordered.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 424, nays 0, not voting 9, as follows:

[Roll No. 455]

YEAS—424

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Archer
Armey
Bachus
Baird
Baker
Baldacci
Baldwin
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Bass
Bateman
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop
Blagojevich
Bliley
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Capuano
Cardin
Carson
Castle
Chabot
Chambliss
Chenoweth
Clay
Clayton
Clement
Clyburn
Coble
Coburn
Collins
Combest
Condit
Conyers
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Filner
Fletcher
Foley
Forbes
Ford
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Largent
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCrery
McDermott
McGovern
McHugh
McInnis
McIntosh
McIntyre
McKeon
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, Gary
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Myrick
Nadler
Napolitano
Neal
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Paul
Payne
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Reyes
Reynolds
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Ryan (WI)
Ryun (KS)
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Schaffer
Schakowsky
Scott
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Spence
Spratt
Stabenow
Stark
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tiahrt
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Vitter
Walden
Wamp
Waters
Watkins
Watt (NC)
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wynn
Young (AK)
Young (FL)

NOT VOTING—9

Barton
Hoyer
Jefferson
Obey
Riley
Scarborough
Thomas
Walsh
Wu

□ 1433

So (two-thirds having voted in favor thereof) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. TANCREDO. Mr. Speaker, earlier today, I was present on the House floor and voted "aye" on House Resolution 306, dealing with the use of Social Security funds, roll call vote number 456. For some reason, the voting machine did not record my vote.

EXPRESSING DESIRE OF HOUSE REGARDING BUDGET SURPLUS AND RETIRING THE PUBLIC DEBT

The SPEAKER pro tempore (Mr. PEASE). The pending business is the question of suspending the rules and agreeing to the resolution, H. Res. 306.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. HERGER) that the House suspend the rules and agree to the resolution, H. Res. 306, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 417, nays 2, answered "present" 6, not voting 8, as follows:

[Roll No. 456]

YEAS—417

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Archer
Armey
Bachus
Baird
Baker
Baldacci
Baldwin
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop
Blagojevich
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Cardin
Carson
Castle
Chabot
Chambliss
Chenoweth
Clay
Clayton
Clement
Clyburn
Coble
Coburn
Collins
Combest
Condit
Conyers
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Filner
Fletcher
Foley
Forbes
Ford
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa

Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley
Horn
Hostettler
Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Largent
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCrery
McDermott
McGovern
McHugh
McInnis
McIntosh
McIntyre
McKeon
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, Gary
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Myrick
Napolitano
Neal
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Paul
Payne
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Reyes
Reynolds
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Ryan (WI)
Ryun (KS)
Salmon
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Schaffer
Scott
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Spence
Spratt
Stabenow
Stark
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tiahrt
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watkins
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wynn
Young (AK)
Young (FL)

NAYS—2

Nadler
Sabo

ANSWERED ''PRESENT''—6

Blumenauer
Capuano
Frank (MA)
Houghton
Schakowsky
Watt (NC)

NOT VOTING—8

Gutierrez
Hoyer
Obey
Riley
Scarborough
Tancredo
Thomas
Wu

□ 1442

Mr. BLUMENAUR and Mr. HOUGHTON changed their vote from ''yea'' to ''present.''

So (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. THOMAS. Mr. Speaker, on rollcall Nos. 455 and 456, I was emavoidably detained. Had I been present, I would have voted "Yea"

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Sherman Williams, one of his secretaries.

HEALTH RESEARCH AND QUALITY ACT OF 1999

Mr. GOSS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 299 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 299

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2506) to amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research. The first reading of the bill shall be dispensed with. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. It shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule the amendment in the nature of a substitute recommended by the Committee on Commerce now printed in the bill. Each section of the committee amendment in the nature of a substitute shall be considered as read. No amendment to the committee amendment in the nature of a substitute shall be in order except those printed in the portion of the Congressional Record designated for that purpose in clause 8 of rule XVIII and except pro forma amendments for the purpose of debate. Each amendment so printed may be offered only by the Member who caused it to be printed or his designee and shall be considered as read. The Chairman of the Committee of the Whole may: (1) postpone until a time during further consideration in the Committee of the Whole a request for a recorded vote on any amendment; and (2) reduce to five minutes the minimum time for electronic voting on any postponed question that follows another electronic vote without intervening business, provided that the minimum time for electronic voting on the first in any series of questions shall be 15 minutes. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the committee amendment in the nature of a substitute. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

□ 1445

The SPEAKER pro tempore (Mr. PEASE). The gentleman from Florida (Mr. GOSS) is recognized for 1 hour.

Mr. GOSS. Mr. Speaker, for purposes of debate only, I yield the customary 30 minutes to the distinguished gentlewoman from Rochester, NY (Ms. SLAUGHTER) pending which I yield myself such time as I may consume. During consideration of this resolution, Mr. Speaker, all time yielded is for the purpose of debate only.

Mr. Speaker, this is a fair and appropriate rule for this particular legislation. In fact, had it not been for the amount of money H.R. 2506 authorizes, doubling the current authorization level to $900 million, the bill would have been considered under the suspension process. The bill was voted out of the Committee on Commerce by a voice vote and the Committee on Rules reported a modified open rule to ensure that no extraneous amendments to the Public Health Service Act would be considered. The rule allows any Member who has preprinted an amendment in the CONGRESSIONAL RECORD to offer that amendment. This will ensure a full and open, yet targeted debate on the merits of this particular agency covered by this legislation.

When the Agency for Health Care Policy and Research, AHCPR as it is known in its acronym, was created in 1989, the health care universe looked far different than it does today. Traditional fee for service plans still dominated the market and managed care was still very much in its infancy period. Utilization review, peer review, these were largely unknown concepts, at least fully tried or tested. H.R. 2506 modernizes the agency to reflect these and other changes and provides resources to enable more effective collection of data.

Many Americans sitting at home watching may be wondering why we need yet another Federal agency involved in health care quality. Well, health care quality is a critical issue these days. As someone who has always believed that Congress too often stands in the way of true health care quality, I share concern with the people at home who are worried about this. To the extent that this ''reformed'' agency can promote better research and encourage successful partnerships between the public and private sectors with limited Federal red tape, it can be a worthy investment. And, of course, that is the goal. But we must retain vigorous oversight and maintain high expectations to ensure that these precious taxpayer dollars are indeed put

to good use. Again, we think that is the reason for this legislation and we congratulate its authors for this effort.

As I stated before, this is an eminently fair rule that should engender no controversy as far as I know.

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I thank my distinguished colleague from Florida for yielding me the 30 minutes, and I yield myself such time as I may consume.

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, this is an ''almost open'' rule, for the majority has again relied on a preprinting requirement for amendments which may affect some Members of the House. But I rise in support of the rule and in support of H.R. 2506, the Health Research and Quality Act of 1999. The bill is being brought to the floor by the gentleman from Florida (Mr. BILIRAKIS) for the majority and the gentleman from Ohio (Mr. BROWN) for the minority.

This bipartisan legislation reauthorizes the Agency for Health Care Policy and Research and renames the agency as the Agency for Health Research and Quality, AHRQ, pronounced ''arc.'' This agency promotes health care quality through research, synthesizing and consolidating medical information, and disseminating scientific evidence. Building on its current initiatives, the agency will play a key role in partnering with the private sector to improve the quality of health care in the United States.

As a longtime supporter of health care research, I believe this piece of legislation will benefit patients, caregivers and insurance providers with vital information and statistics on how to improve the Nation's health care system. The agency's research and information consolidation will play a key role in extending quality care and improving health service delivery throughout the country. This agency provides vital information and resources that foster improvement in health care systems from America's smallest rural townships to its most populous inner cities.

The agency's mission includes fostering the extension of quality health care systems to those Americans left behind as our Nation continues its economic growth. The agency's work is especially important as health care delivery in our country evolves. When the AHCPR was established a little over 10 years ago, the health care system was vastly different from what we know today. More people now receive their care through managed plans and HMOs. The growing complexity of health plans bewilderers many patients and contributes to the growing tensions between patients and insurers.

This legislation directs AHRQ to address the public's growing concern for the quality of patient care and the number of medical errors that continue to grow each day. Their research helps hospitals and clinics around the country to reduce the injuries arising from mismanagement of cases.

A recent study examined the records of more than 30,000 hospital patients in my home State of New York. The study found that nearly 4 percent of patients suffered serious injuries that were related to the management of their illnesses rather than the illnesses themselves. This is a vital area of research for the agency and another reason why the reauthorization of funding for this agency and the redirection of its mission is important.

The legislation does more than merely change the name of the agency. It directs the agency to develop new public-private partnerships in the health care arena. This will bring new perspectives to improving the dissemination of health information and the development of health care systems that better serve our neighborhoods, towns and cities. These partnerships will also leverage greater private investment and commitment to creating improved health care service systems throughout the Nation. In the process, AHRQ will also support increased efficiency and quality of Federal program management.

According to testimony provided to the committee during a recent hearing, nine out of 10 people surveyed supported health research as well as the amount of Federal money spent on our Nation's health care. Mr. Speaker, this agency costs just one one-hundredth of one percent of the total funds spent by the government on health care and is a sound investment in our Nation's future health.

I support this initiative even though it is only a modest step toward guaranteeing that all our citizens have access to the finest medical care in the world. Citizens across the United States are crying out for more. We need comprehensive health care reform that includes a provision to ban genetic discrimination in insurance. We need a true Patients' Bill of Rights.

Mr. Speaker, I yield back the balance of my time.

Mr. GOSS. Mr. Speaker, I yield back the balance of my time, and I prove the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore (Mr. KNOLLENBERG). Pursuant to House Resolution 299 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 2506.

□ 1454

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 2506) to amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research, with Mr. PEASE in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Under the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 30 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I am pleased to bring H.R. 2506, the Health Research and Quality Act of 1999, to the floor today. This widely supported bipartisan bill was approved by voice vote in the Committee on Commerce and the Subcommittee on Health and Environment. In April, experts from both the public and private sector testified about the critical function of this agency at a hearing before the subcommittee.

I introduced this measure jointly with the gentleman from Ohio (Mr. BROWN), the ranking member of the House Commerce Subcommittee on Health and Environment, to reauthorize the Agency for Health Care Policy and Research and redefine its mission. Our bill renames it as the Agency for Health Research and Quality, or, one of those famous Washington acronyms, AHRQ.

The purpose of this new name, and the reauthorization, is to foster comprehensive improvements in our health care system. Our bill refocuses the efforts of this critical agency to support private sector initiatives. Building on its current activities, the new agency will become a key partner to the private sector in improving the quality of health care in America.

The bill specifically prohibits the agency from mandating national standards of clinical practice or quality health care standards. Instead, it emphasizes the agency's nonregulatory role in building the science of health care quality.

The bill also includes provisions to overcome barriers to access to preventive health care through a public-private partnership. It authorizes grants for the establishment of regional centers to improve and increase access to preventive health care services.

By approving the legislation before us, we can ensure the continued availability of the objective, science-based information this agency provides.

I urge Members to join us in supporting passage of H.R. 2506, the Health Research and Quality Act of 1999.

Mr. Chairman, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Chairman, I yield myself such time as I may consume.

I am pleased that the gentleman from Florida (Mr. BILIRAKIS) and I

could work together to introduce the Health Research and Quality Act and pass it out of the Committee on Commerce. We hold similar views on why this issue is important. It is important because research is important.

The U.S. health care system is far from transparent. In fact, in many ways it is not even a system. It is a complex set of relationships influenced by science, demographics, politics, money and cultural trends. Whether the focus is on health care financing or health care delivery, common sense alone rarely explains what is going on. In fact, it often throws policymakers off track. If we want to improve on the status quo in health care, we have to get a realistic picture of what the status quo is. By conducting and supporting health services research, AHCPR helps paint that picture for us.

If we want to improve on the status quo in health care, we have got to find out what improvement actually means. By conducting and supporting outcomes, effectiveness and cost effectiveness research, AHCPR helps us determine the best way to spend the limited health care dollars that we do have.

And if we want to improve on the status quo in health care, we need to get the word out to the people in the institutions, in the agencies and the industries that somehow keep the whole thing running. By disseminating research and data broadly, AHCPR helps ensure that our investment in data collection, health services research and biomedical research pays off.

This reauthorization makes research and broad dissemination of information AHCPR's main focus. We could definitely use more of both.

I urge support of this important legislation.

Mr. Chairman, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Chairman, I yield 2 minutes to the gentleman from California (Mr. GARY MILLER).

(Mr. GARY MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GARY MILLER of California. Mr. Chairman, I rise today in support of H.R. 2506, the Health Research and Quality Act. First I want to thank the bill's author the gentleman from Florida (Mr. BILIRAKIS) and the cosponsors for all their hard work on this issue.

H.R. 2506 is an important piece of legislation which will improve the quality of health care by directing the Agency for Health Care Policy and Research to emphasize medical research, synthesizing and disseminating scientific evidence, and advancing public and private efforts to improve health care quality.

With the explosion of medical research and information being produced, medical practitioners face the increasingly difficult task of keeping current with medical literature and putting the latest scientific findings into perspective. As one study indicated, even if a doctor read two peer-reviewed journals each night for a year, he or she would still be 800 years behind in their reading.

Access to up-to-date, quality research will improve the care that patients obtain from all levels of the health care system. H.R. 2506 will provide a means whereby medical group practices can obtain and contribute to such a body of information. This legislation frees the Agency for Health Care Policy and Research from the difficult task of providing guidelines and standards of care and allows it to focus on providing unbiased, science-based research to the health care community. H.R. 2506 will help health care professionals and policymakers better understand the future demands on the Nation's health care system.

Again, I lend my strong support to this measure and urge my colleagues to join me in voting in favor of the Health Research and Quality Act of 1999.

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Mr. BILIRAKIS. Mr. Chairman, I yield such time as he may consume to another gentleman from California (Mr. BILBRAY).

Mr. BILBRAY. Mr. Chairman, I rise to strongly support H.R. 2506, and let me just say as someone who has the privilege of representing the 49th District of California, one of the capitals of both public and private research, I want to commend the chairman and the ranking member for a cooperative effort here at really serving the American people.

The concept of reform and change sometimes scares people in these chambers and they worry about what could go wrong, and I think we have to remind ourselves again and again that reform and change is also an essential step to improvement. And this bill will allow us to take that step towards an improvement of not only the cost effectiveness, the cost efficiency, but also the effectiveness of our total health care system through the information age.

Mr. Chairman, 2506 will be that kind of step. And I hope that in the future we will be able to look back at H.R. 2506 and look back at the cooperative effort between the chairman of the subcommittee and the ranking member of this subcommittee and say this was the beginning of a very productive relationship between both sides of the aisle and a productive relationship with the American people and their health care system.

Mr. Chairman, I would ask all of us to support this bill and support the attitude that is behind this bill and to support the entire concept that Democrats and Republicans can work together for the good of the safety and the health of the American people.

Mr. BLILEY. Mr. Chairman, I commend the gentlemen from Florida and Ohio for bringing H.R. 2506, the Health Research and Quality Act of 1999, to the floor. This legislation, introduced by Representatives BILIRAKIS and BROWN, represents an important commitment to provide the science-based evidence that we need to improve health care quality.

We need sound and reliable information to help patients make informed decisions, to help health care providers make sense of new discoveries, to help purchasers get value for their health care dollar, and to help avoid medical errors. Today's legislation builds on the progress the Agency for Health Care Policy and Research has already made. It will enable us to benefit from our investment in biomedical research, to improve the health care delivery programs under our jurisdiction, and to build the science of quality measurement and improvement.

This emphasis on quality measurement and improvement is important. The focus on health outcomes is critical. If we are unable to determine the long-term effect of the care patients receive today, we will be unable to improve upon that care tomorrow. To address the full continuum of care and outcomes research, and to link research directly with clinical practice in geographically diverse locations throughout the United States, this bill stresses the importance of health care improvement research centers and provider-based research networks.

Since the science of outcomes research is complex, this bill requires the agency to support research and evaluation to advance the use of information systems for the study of health care quality and outcomes. The importance of outcomes research and information dissemination in the continuous improvement of patient care cannot be overstated. For example, in the area of cancer care, the ability to chart patient outcomes from a variety of interventions and communicate these outcomes effectively among practitioners will allow significant improvement in the treatment of all types of cancer.

In summary, Mr. Chairman, the Health Research and Quality Act of 1999 is a sound investment in the future; it is legislation that both sides of the aisle can support. The Commerce Committee gave unanimous approval to this legislation and I hope it will enjoy similar support on the floor today.

Mr. BALDACCI. Mr. Chairman, I commend the Chairman, Mr. BILIRAKIS, and the Ranking Member, Mr. BROWN, for introducing this valuable legislation. I particularly want to thank the Members for the special attention given to rural health care in the bill.

Access and quality of health care in rural America is of particular importance to me. I represent the largest geographic district east of the Mississippi. Recently, compounding changes in Medicare reimbursement and regulations have had a devastating impact on my district, and have endangered a very vulnerable population of my state. People in rural areas do not have the same choices available to those in urban areas. I am concerned that the rate of the uninsured in Maine continues to grow. Maine citizens rely heavily on community care, and we ought to promote research into enhancing quality of and access to health care in these areas. Careful studies of the delivery of health services in rural America will allow us to make better public policy, and I thank the Chairman and Ranking Member for their attention to this issue.

I am also pleased to see the legislation address the critical issue of health insurance. Section 913 requires that there must be surveys on, among other factors, the types and

costs of private health insurance. As we know, there is a growing trend to consolidation among health insurance companies, and I am particularly concerned about the ability of these large companies to direct costs and types of care offered when they buy out smaller local insurers. It is my hope that with this component of the bill, we will gain a better understanding of what effect the consolidation in the health insurance market is having on quality, access, and cost of insurance to rural Americans. Again, I thank the Chairman and Ranking Member for addressing this issue.

Mr. BILIRAKIS. Mr. Chairman, we have no further requests for time.

Mr. BROWN of Ohio. Mr. Chairman, I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the committee amendment in the nature of a substitute printed in the bill shall be considered by sections as an original bill for the purpose of amendment, and each section is considered read.

No amendment to that amendment shall be in order except those printed in the portion of the CONGRESSIONAL RECORD designated for that purpose and pro forma amendments for the purpose of debate. Amendments printed in the RECORD may be offered only by the Member who caused it to be printed or his designee and shall be considered read.

The Chairman of the Committee of the Whole may postpone a request for a recorded vote on any amendment and may reduce to a minimum of 5 minutes the time for voting on any postponed question that immediately follows another vote, provided that the time for voting on the first question shall be a minimum of 15 minutes.

The Clerk will designate section 1.

The text of section 1 is as follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Health Research and Quality Act of 1999''.

The CHAIRMAN. Are there any amendments to section 1?

The Clerk will designate section 2.

The text of section 2 is as follows:

SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

(a) IN GENERAL.—Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended to read as follows:

''TITLE IX—AGENCY FOR HEALTH RESEARCH AND QUALITY

''PART A—ESTABLISHMENT AND GENERAL DUTIES

''SEC. 901. MISSION AND DUTIES.

''(a) IN GENERAL.—There is established within the Public Health Service an agency to be known as the Agency for Health Research and Quality, which shall be headed by a director appointed by the Secretary. The Secretary shall carry out this title acting through the Director.

''(b) MISSION.—The purpose of the Agency is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions. The Agency shall promote health care quality improvement by—

''(1) conducting and supporting research that develops and presents scientific evidence regarding all aspects of health, including—

''(A) the development and assessment of methods for enhancing patient participation in their own care and for facilitating shared patient-physician decision-making;

''(B) the outcomes, effectiveness, and cost-effectiveness of health care practices, including preventive measures and long-term care;

''(C) existing and innovative technologies;

''(D) the costs and utilization of, and access to health care;

''(E) the ways in which health care services are organized, delivered, and financed and the interaction and impact of these factors on the quality of patient care;

''(F) methods for measuring quality and strategies for improving quality; and

''(G) ways in which patients, consumers, purchasers, and practitioners acquire new information about best practices and health benefits, the determinants and impact of their use of this information;

''(2) synthesizing and disseminating available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

''(3) advancing private and public efforts to improve health care quality.

''(c) REQUIREMENTS WITH RESPECT TO RURAL AREAS AND PRIORITY POPULATIONS.—In carrying out subsection (b), the Director shall undertake and support research, demonstration projects, and evaluations with respect to—

''(1) the delivery of health services in rural areas (including frontier areas);

''(2) health services for low-income groups, and minority groups;

''(3) the health of children;

''(4) the elderly; and

''(5) people with special health care needs, including disabilities, chronic care and end-of-life health care.

''SEC. 902. GENERAL AUTHORITIES.

''(a) IN GENERAL.—In carrying out section 901(b), the Director shall support demonstration projects, conduct and support research, evaluations, training, research networks, multi-disciplinary centers, technical assistance, and the dissemination of information, on health care, and on systems for the delivery of such care, including activities with respect to—

''(1) the quality, effectiveness, efficiency, appropriateness and value of health care services;

''(2) quality measurement and improvement;

''(3) the outcomes, cost, cost-effectiveness, and use of health care services and access to such services;

''(4) clinical practice, including primary care and practice-oriented research;

''(5) health care technologies, facilities, and equipment;

''(6) health care costs, productivity, organization, and market forces;

''(7) health promotion and disease prevention, including clinical preventive services;

''(8) health statistics, surveys, database development, and epidemiology; and

''(9) medical liability.

''(b) HEALTH SERVICES TRAINING GRANTS.—

''(1) IN GENERAL.—The Director may provide training grants in the field of health services research related to activities authorized under subsection (a), to include pre- and post-doctoral fellowships and training programs, young investigator awards, and other programs and activities as appropriate. In carrying out this subsection, the Director shall make use of funds made available under section 487.

''(2) REQUIREMENTS.—In developing priorities for the allocation of training funds under this subsection, the Director shall take into consideration shortages in the number of trained researchers addressing the priority populations.

''(c) MULTIDISCIPLINARY CENTERS.—The Director may provide financial assistance to assist in meeting the costs of planning and establishing new centers, and operating existing and new centers, for multidisciplinary health services research, demonstration projects, evaluations, training, and policy analysis with respect to the matters referred to in subsection (a).

''(d) RELATION TO CERTAIN AUTHORITIES REGARDING SOCIAL SECURITY.—Activities authorized in this section shall be appropriately coordinated with experiments, demonstration projects, and other related activities authorized by the Social Security Act and the Social Security Amendments of 1967. Activities under subsection (a)(2) of this section that affect the programs under titles XVIII, XIX and XXI of the Social Security Act shall be carried out consistent with section 1142 of such Act.

''(e) DISCLAIMER.—The Agency shall not mandate national standards of clinical practice or quality health care standards. Recommendations resulting from projects funded and published by the Agency shall include a corresponding disclaimer.

''(f) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to imply that the Agency's role is to mandate a national standard or specific approach to quality measurement and reporting. In research and quality improvement activities, the Agency shall consider a wide range of choices, providers, health care delivery systems, and individual preferences.

''PART B—HEALTH CARE IMPROVEMENT RESEARCH

''SEC. 911. HEALTH CARE OUTCOME IMPROVEMENT RESEARCH.

''(a) EVIDENCE RATING SYSTEMS.—In collaboration with experts from the public and private sector, the Agency shall identify and disseminate methods or systems that it uses to assess health care research results, particularly methods or systems that it uses to rate the strength of the scientific evidence behind health care practice, recommendations in the research literature, and technology assessments. The Agency shall make methods or systems for evidence rating widely available. Agency publications containing health care recommendations shall indicate the level of substantiating evidence using such methods or systems.

''(b) HEALTH CARE IMPROVEMENT RESEARCH CENTERS AND PROVIDER-BASED RESEARCH NETWORKS.—

''(1) IN GENERAL.—In order to address the full continuum of care and outcomes research, to link research to practice improvement, and to speed the dissemination of research findings to community practice settings, the Agency shall employ research strategies and mechanisms that will link research directly with clinical practice in geographically diverse locations throughout the United States, including—

''(A) Health Care Improvement Research Centers that combine demonstrated multidisciplinary expertise in outcomes or quality improvement research with linkages to relevant sites of care;

''(B) Provider-based Research Networks, including plan, facility, or delivery system sites of care (especially primary care), that can evaluate outcomes and promote quality improvement; and

''(C) other innovative mechanisms or strategies to link research with clinical practice.

''(2) REQUIREMENTS.—The Director is authorized to establish the requirements for entities applying for grants under this subsection.

''SEC. 912. PRIVATE-PUBLIC PARTNERSHIPS TO IMPROVE ORGANIZATION AND DELIVERY.

''(a) SUPPORT FOR EFFORTS TO DEVELOP INFORMATION ON QUALITY.—

''(1) SCIENTIFIC AND TECHNICAL SUPPORT.—In its role as the principal agency for health research and quality, the Agency may provide scientific and technical support for private and

public efforts to improve health care quality, including the activities of accrediting organizations.

''(2) ROLE OF THE AGENCY.—With respect to paragraph (1), the role of the Agency shall include—

''(A) the identification and assessment of methods for the evaluation of the health of—

''(i) enrollees in health plans by type of plan, provider, and provider arrangements; and

''(ii) other populations, including those receiving long-term care services;

''(B) the ongoing development, testing, and dissemination of quality measures, including measures of health and functional outcomes;

''(C) the compilation and dissemination of health care quality measures developed in the private and public sector;

''(D) assistance in the development of improved health care information systems;

''(E) the development of survey tools for the purpose of measuring participant and beneficiary assessments of their health care; and

''(F) identifying and disseminating information on mechanisms for the integration of information on quality into purchaser and consumer decision-making processes.

''(b) CENTERS FOR EDUCATION AND RESEARCH ON THERAPEUTICS.—

''(1) IN GENERAL.—The Secretary, acting through the Director and in consultation with the Commissioner of Food and Drugs, shall establish a program for the purpose of making one or more grants for the establishment and operation of one or more centers to carry out the activities specified in paragraph (2).

''(2) REQUIRED ACTIVITIES.—The activities referred to in this paragraph are the following:

''(A) The conduct of state-of-the-art research for the following purposes:

''(i) To increase awareness of—

''(I) new uses of drugs, biological products, and devices;

''(II) ways to improve the effective use of drugs, biological products, and devices; and

''(III) risks of new uses and risks of combinations of drugs and biological products.

''(ii) To provide objective clinical information to the following individuals and entities:

''(I) Health care practitioners and other providers of health care goods or services.

''(II) Pharmacists, pharmacy benefit managers and purchasers.

''(III) Health maintenance organizations and other managed health care organizations.

''(IV) Health care insurers and governmental agencies.

''(V) Patients and consumers.

''(iii) To improve the quality of health care while reducing the cost of health care through—

''(I) an increase in the appropriate use of drugs, biological products, or devices; and

''(II) the prevention of adverse effects of drugs, biological products, and devices and the consequences of such effects, such as unnecessary hospitalizations.

''(B) The conduct of research on the comparative effectiveness, cost-effectiveness, and safety of drugs, biological products, and devices.

''(C) Such other activities as the Secretary determines to be appropriate, except that a grant may not be expended to assist the Secretary in the review of new drugs.

''(c) REDUCING ERRORS IN MEDICINE.—The Director shall conduct and support research and build private-public partnerships to—

''(1) identify the causes of preventable health care errors and patient injury in health care delivery;

''(2) develop, demonstrate, and evaluate strategies for reducing errors and improving patient safety; and

''(3) promote the implementation of effective strategies throughout the health care industry.

''SEC. 913. INFORMATION ON QUALITY AND COST OF CARE.

''(a) IN GENERAL.—In carrying out 902(a), the Director shall—

''(1) conduct a survey to collect data on a nationally representative sample of the population on the cost, use and, for fiscal year 2001 and subsequent fiscal years, quality of health care, including the types of health care services Americans use, their access to health care services, frequency of use, how much is paid for the services used, the source of those payments, the types and costs of private health insurance, access, satisfaction, and quality of care for the general population and also for populations identified in section 901(c); and

''(2) develop databases and tools that provide information to States on the quality, access, and use of health care services provided to their residents.

''(b) QUALITY AND OUTCOMES INFORMATION.—

''(1) IN GENERAL.—Beginning in fiscal year 2001, the Director shall ensure that the survey conducted under subsection (a)(1) will—

''(A) identify determinants of health outcomes and functional status, the needs of special populations in such variables as well as an understanding of changes over time, relationships to health care access and use, and monitor the overall national impact of Federal and State policy changes on health care;

''(B) provide information on the quality of care and patient outcomes for frequently occurring clinical conditions for a nationally representative sample of the population; and

''(C) provide reliable national estimates for children and persons with special health care needs through the use of supplements or periodic expansions of the survey.

In expanding the Medical Expenditure Panel Survey, as in existence on the date of enactment of this title in fiscal year 2001 to collect information on the quality of care, the Director shall take into account any outcomes measurements generally collected by private sector accreditation organizations.

''(2) ANNUAL REPORT.—Beginning in fiscal year 2003, the Secretary, acting through the Director, shall submit to Congress an annual report on national trends in the quality of health care provided to the American people.

''SEC. 914. INFORMATION SYSTEMS FOR HEALTH CARE IMPROVEMENT.

''(a) IN GENERAL.—In order to foster a range of innovative approaches to the management and communication of health information, the Agency shall support research, evaluations and initiatives to advance—

''(1) the use of information systems for the study of health care quality and outcomes, including the generation of both individual provider and plan-level comparative performance data;

''(2) training for health care practitioners and researchers in the use of information systems;

''(3) the creation of effective linkages between various sources of health information, including the development of information networks;

''(4) the delivery and coordination of evidence-based health care services, including the use of real-time health care decision-support programs;

''(5) the structure, content, definition, and coding of health information data and medical vocabularies in consultation with appropriate Federal entities and shall seek input from appropriate private entities;

''(6) the use of computer-based health records in outpatient and inpatient settings as a personal health record for individual health assessment and maintenance, and for monitoring public health and outcomes of care within populations; and

''(7) the protection of individually identifiable information in health services research and health care quality improvement.

''(b) DEMONSTRATION.—The Agency shall support demonstrations into the use of new information tools aimed at improving shared decision-making between patients and their caregivers.

''SEC. 915. RESEARCH SUPPORTING PRIMARY CARE AND ACCESS IN UNDERSERVED AREAS.

''(a) PREVENTIVE SERVICES TASK FORCE.—

''(1) PURPOSE.—The Agency shall provide ongoing administrative, research, and technical support for the operation of the Preventive Services Task Force. The Agency shall coordinate and support the dissemination of the Preventive Services Task Force recommendations.

''(2) OPERATION.—The Preventive Services Task Force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous recommendations, regarding their usefulness in daily clinical practice. In carrying out its responsibilities under paragraph (1), the Task Force shall not be subject to the provisions of Appendix 2 of title 5, United States Code.

''(b) PRIMARY CARE RESEARCH.—

''(1) IN GENERAL.—There is established within the Agency a Center for Primary Care Research (referred to in this subsection as the 'Center') that shall serve as the principal source of funding for primary care practice research in the Department of Health and Human Services. For purposes of this paragraph, primary care research focuses on the first contact when illness or health concerns arise, the diagnosis, treatment or referral to specialty care, preventive care, and the relationship between the clinician and the patient in the context of the family and community.

''(2) RESEARCH.—In carrying out this section, the Center shall conduct and support research concerning—

''(A) the nature and characteristics of primary care practice;

''(B) the management of commonly occurring clinical problems;

''(C) the management of undifferentiated clinical problems; and

''(D) the continuity and coordination of health services.

''SEC. 916. CLINICAL PRACTICE AND TECHNOLOGY INNOVATION.

''(a) IN GENERAL.—The Director shall promote innovation in evidence-based clinical practice and health care technologies by—

''(1) conducting and supporting research on the development, diffusion, and use of health care technology;

''(2) developing, evaluating, and disseminating methodologies for assessments of health care practices and health care technologies;

''(3) conducting intramural and supporting extramural assessments of existing and new health care practices and technologies;

''(4) promoting education, training, and providing technical assistance in the use of health care practice and health care technology assessment methodologies and results; and

''(5) working with the National Library of Medicine and the public and private sector to develop an electronic clearinghouse of currently available assessments and those in progress.

''(b) SPECIFICATION OF PROCESS.—

''(1) IN GENERAL.—Not later than December 31, 2000, the Director shall develop and publish a description of the methods used by the Agency and its contractors for practice and technology assessment.

''(2) CONSULTATIONS.—In carrying out this subsection, the Director shall cooperate and consult with the Assistant Secretary for Health, the Administrator of the Health Care Financing Administration, the Director of the National Institutes of Health, the Commissioner of Food and Drugs, and the heads of any other interested Federal department or agency, and shall seek input, where appropriate, from professional societies and other private and public entities.

''(3) METHODOLOGY.—The Director shall, in developing the methods used under paragraph (1), consider—

''(A) safety, efficacy, and effectiveness;

''(B) legal, social, and ethical implications;

''(C) costs, benefits, and cost-effectiveness;

''(D) comparisons to alternate technologies and practices; and

''(E) requirements of Food and Drug Administration approval to avoid duplication.

''(c) SPECIFIC ASSESSMENTS.—

''(1) IN GENERAL.—The Director shall conduct or support specific assessments of health care technologies and practices.

''(2) REQUESTS FOR ASSESSMENTS.—The Director is authorized to conduct or support assessments, on a reimbursable basis, for the Health Care Financing Administration, the Department of Defense, the Department of Veterans Affairs, the Office of Personnel Management, and other public or private entities.

''(3) GRANTS AND CONTRACTS.—In addition to conducting assessments, the Director may make grants to, or enter into cooperative agreements or contracts with, entities described in paragraph (4) for the purpose of conducting assessments of experimental, emerging, existing, or potentially outmoded health care technologies, and for related activities.

''(4) ELIGIBLE ENTITIES.—An entity described in this paragraph is an entity that is determined to be appropriate by the Director, including academic medical centers, research institutions and organizations, professional organizations, third party payers, governmental agencies, and consortia of appropriate research entities established for the purpose of conducting technology assessments.

''SEC. 917. COORDINATION OF FEDERAL GOVERNMENT QUALITY IMPROVEMENT EFFORTS.

''(a) REQUIREMENT.—

''(1) IN GENERAL.—To avoid duplication and ensure that Federal resources are used efficiently and effectively, the Secretary, acting through the Director, shall coordinate all research, evaluations, and demonstrations related to health services research, quality measurement and quality improvement activities undertaken and supported by the Federal Government.

''(2) SPECIFIC ACTIVITIES.—The Director, in collaboration with the appropriate Federal officials representing all concerned executive agencies and departments, shall develop and manage a process to—

''(A) improve interagency coordination, priority setting, and the use and sharing of research findings and data pertaining to Federal quality improvement programs, technology assessment, and health services research;

''(B) strengthen the research information infrastructure, including databases, pertaining to Federal health services research and health care quality improvement initiatives;

''(C) set specific goals for participating agencies and departments to further health services research and health care quality improvement; and

''(D) strengthen the management of Federal health care quality improvement programs.

''(b) STUDY BY THE INSTITUTE OF MEDICINE.—

''(1) IN GENERAL.—To provide Congress, the Department of Health and Human Services, and other relevant departments with an independent, external review of their quality oversight, quality improvement and quality research programs, the Secretary shall enter into a contract with the Institute of Medicine—

''(A) to describe and evaluate current quality improvement, quality research and quality monitoring processes through—

''(i) an overview of pertinent health services research activities and quality improvement efforts conducted by all Federal programs, with particular attention paid to those under titles XVIII, XIX, and XXI of the Social Security Act; and

''(ii) a summary of the partnerships that the Department of Health and Human Services has pursued with private accreditation, quality measurement and improvement organizations; and

''(B) to identify options and make recommendations to improve the efficiency and effectiveness of quality improvement programs through—

''(i) the improved coordination of activities across the medicare, medicaid and child health insurance programs under titles XVIII, XIX and XXI of the Social Security Act and health services research programs;

''(ii) the strengthening of patient choice and participation by incorporating state-of-the-art quality monitoring tools and making information on quality available; and

''(iii) the enhancement of the most effective programs, consolidation as appropriate, and elimination of duplicative activities within various federal agencies.

''(2) REQUIREMENTS.—

''(A) IN GENERAL.—The Secretary shall enter into a contract with the Institute of Medicine for the preparation—

''(i) not later than 12 months after the date of enactment of this title, of a report providing an overview of the quality improvement programs of the Department of Health and Human Services for the medicare, medicaid, and CHIP programs under titles XVIII, XIX, and XXI of the Social Security Act; and

''(ii) not later than 24 months after the date of enactment of this title, of a final report containing recommendations.

''(B) REPORTS.—The Secretary shall submit the reports described in subparagraph (A) to the Committee on Finance and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Ways and Means and the Committee on Commerce of the House of Representatives.

''PART C—GENERAL PROVISIONS

''SEC. 921. ADVISORY COUNCIL FOR HEALTH CARE RESEARCH AND QUALITY.

''(a) ESTABLISHMENT.—There is established an advisory council to be known as the Advisory Council for Health Care Research and Quality.

''(b) DUTIES.—

''(1) IN GENERAL.—The Advisory Council shall advise the Secretary and the Director with respect to activities proposed or undertaken to carry out the purpose of the Agency under section 901(b).

''(2) CERTAIN RECOMMENDATIONS.—Activities of the Advisory Council under paragraph (1) shall include making recommendations to the Director regarding—

''(A) priorities regarding health care research, especially studies related to quality, outcomes, cost and the utilization of, and access to, health care services;

''(B) the field of health care research and related disciplines, especially issues related to training needs, and dissemination of information pertaining to health care quality; and

''(C) the appropriate role of the Agency in each of these areas in light of private sector activity and identification of opportunities for public-private sector partnerships.

''(c) MEMBERSHIP.—

''(1) IN GENERAL.—The Advisory Council shall, in accordance with this subsection, be composed of appointed members and ex officio members. All members of the Advisory Council shall be voting members other than the individuals designated under paragraph (3)(B) as ex officio members.

''(2) APPOINTED MEMBERS.—The Secretary shall appoint to the Advisory Council 18 appropriately qualified individuals. At least 14 members of the Advisory Council shall be representatives of the public who are not officers or employees of the United States. The Secretary shall ensure that the appointed members of the Council, as a group, are representative of professions and entities concerned with, or affected by, activities under this title and under section 1142 of the Social Security Act. Of such members—

''(A) 3 shall be individuals distinguished in the conduct of research, demonstration projects, and evaluations with respect to health care;

''(B) 3 shall be individuals distinguished in the practice of medicine of which at least 1 shall be a primary care practitioner;

''(C) 3 shall be individuals distinguished in the other health professions;

''(D) 3 shall be individuals either representing the private health care sector, including health plans, providers, and purchasers or individuals distinguished as administrators of health care delivery systems;

''(E) 3 shall be individuals distinguished in the fields of health care quality improvement, economics, information systems, law, ethics, business, or public policy; and

''(F) 3 shall be individuals representing the interests of patients and consumers of health care.

''(3) EX OFFICIO MEMBERS.—The Secretary shall designate as ex officio members of the Advisory Council—

''(A) the Assistant Secretary for Health, the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, the Administrator of the Health Care Financing Administration, the Assistant Secretary of Defense (Health Affairs), and the Under Secretary for Health of the Department of Veterans Affairs; and

''(B) such other Federal officials as the Secretary may consider appropriate.

''(d) TERMS.—Members of the Advisory Council appointed under subsection (c)(2) shall serve for a term of 3 years. A member of the Council appointed under such subsection may continue to serve after the expiration of the term of the members until a successor is appointed.

''(e) VACANCIES.—If a member of the Advisory Council appointed under subsection (c)(2) does not serve the full term applicable under subsection (d), the individual appointed to fill the resulting vacancy shall be appointed for the remainder of the term of the predecessor of the individual.

''(f) CHAIR.—The Director shall, from among the members of the Advisory Council appointed under subsection (c)(2), designate an individual to serve as the chair of the Advisory Council.

''(g) MEETINGS.—The Advisory Council shall meet not less than once during each discrete 4-month period and shall otherwise meet at the call of the Director or the chair.

''(h) COMPENSATION AND REIMBURSEMENT OF EXPENSES.—

''(1) APPOINTED MEMBERS.—Members of the Advisory Council appointed under subsection (c)(2) shall receive compensation for each day (including travel time) engaged in carrying out the duties of the Advisory Council unless declined by the member. Such compensation may not be in an amount in excess of the maximum rate of basic pay payable for GS–18 of the General Schedule.

''(2) EX OFFICIO MEMBERS.—Officials designated under subsection (c)(3) as ex officio members of the Advisory Council may not receive compensation for service on the Advisory Council in addition to the compensation otherwise received for duties carried out as officers of the United States.

''(i) STAFF.—The Director shall provide to the Advisory Council such staff, information, and other assistance as may be necessary to carry out the duties of the Council.

''SEC. 922. PEER REVIEW WITH RESPECT TO GRANTS AND CONTRACTS.

''(a) REQUIREMENT OF REVIEW.—

''(1) IN GENERAL.—Appropriate technical and scientific peer review shall be conducted with respect to each application for a grant, cooperative agreement, or contract under this title.

''(2) REPORTS TO DIRECTOR.—Each peer review group to which an application is submitted pursuant to paragraph (1) shall report its finding and recommendations respecting the application to the Director in such form and in such manner as the Director shall require.

''(b) APPROVAL AS PRECONDITION OF AWARDS.—The Director may not approve an application described in subsection (a)(1) unless

the application is recommended for approval by a peer review group established under subsection (c).

''(c) ESTABLISHMENT OF PEER REVIEW GROUPS.—

''(1) IN GENERAL.—The Director shall establish such technical and scientific peer review groups as may be necessary to carry out this section. Such groups shall be established without regard to the provisions of title 5, United States Code, that govern appointments in the competitive service, and without regard to the provisions of chapter 51, and subchapter III of chapter 53, of such title that relate to classification and pay rates under the General Schedule.

''(2) MEMBERSHIP.—The members of any peer review group established under this section shall be appointed from among individuals who by virtue of their training or experience are eminently qualified to carry out the duties of such peer review group. Officers and employees of the United States may not constitute more than 25 percent of the membership of any such group. Such officers and employees may not receive compensation for service on such groups in addition to the compensation otherwise received for these duties carried out as such officers and employees.

''(3) DURATION.—Notwithstanding section 14(a) of the Federal Advisory Committee Act, peer review groups established under this section may continue in existence until otherwise provided by law.

''(4) QUALIFICATIONS.—Members of any peer-review group shall, at a minimum, meet the following requirements:

''(A) Such members shall agree in writing to treat information received, pursuant to their work for the group, as confidential information, except that this subparagraph shall not apply to public records and public information.

''(B) Such members shall agree in writing to recuse themselves from participation in the peer-review of specific applications which present a potential personal conflict of interest or appearance of such conflict, including employment in a directly affected organization, stock ownership, or any financial or other arrangement that might introduce bias in the process of peer-review.

''(d) AUTHORITY FOR PROCEDURAL ADJUSTMENTS IN CERTAIN CASES.—In the case of applications for financial assistance whose direct costs will not exceed $100,000, the Director may make appropriate adjustments in the procedures otherwise established by the Director for the conduct of peer review under this section. Such adjustments may be made for the purpose of encouraging the entry of individuals into the field of research, for the purpose of encouraging clinical practice-oriented or provider-based research, and for such other purposes as the Director may determine to be appropriate.

''(e) REGULATIONS.—The Director shall issue regulations for the conduct of peer review under this section.

''SEC. 923. CERTAIN PROVISIONS WITH RESPECT TO DEVELOPMENT, COLLECTION, AND DISSEMINATION OF DATA.

''(a) STANDARDS WITH RESPECT TO UTILITY OF DATA.—

''(1) IN GENERAL.—To ensure the utility, accuracy, and sufficiency of data collected by or for the Agency for the purpose described in section 901(b), the Director shall establish standard methods for developing and collecting such data, taking into consideration—

''(A) other Federal health data collection standards; and

''(B) the differences between types of health care plans, delivery systems, health care providers, and provider arrangements.

''(2) RELATIONSHIP WITH OTHER DEPARTMENT PROGRAMS.—In any case where standards under paragraph (1) may affect the administration of other programs carried out by the Department of Health and Human Services, including the programs under title XVIII, XIX or XXI of the Social Security Act, or may affect health information that is subject to a standard developed under part C of title XI of the Social Security Act, they shall be in the form of recommendations to the Secretary for such program.

''(b) STATISTICS AND ANALYSES.—The Director shall—

''(1) take appropriate action to ensure that statistics and analyses developed under this title are of high quality, timely, and duly comprehensive, and that the statistics are specific, standardized, and adequately analyzed and indexed; and

''(2) publish, make available, and disseminate such statistics and analyses on as wide a basis as is practicable.

''(c) AUTHORITY REGARDING CERTAIN REQUESTS.—Upon request of a public or private entity, the Director may conduct or support research or analyses otherwise authorized by this title pursuant to arrangements under which such entity will pay the cost of the services provided. Amounts received by the Director under such arrangements shall be available to the Director for obligation until expended.

''SEC. 924. DISSEMINATION OF INFORMATION.

''(a) IN GENERAL.—The Director shall—

''(1) without regard to section 501 of title 44, United States Code, promptly publish, make available, and otherwise disseminate, in a form understandable and on as broad a basis as practicable so as to maximize its use, the results of research, demonstration projects, and evaluations conducted or supported under this title;

''(2) ensure that information disseminated by the Agency is science-based and objective and undertakes consultation as necessary to assess the appropriateness and usefulness of the presentation of information that is targeted to specific audiences;

''(3) promptly make available to the public data developed in such research, demonstration projects, and evaluations;

''(4) provide, in collaboration with the National Library of Medicine where appropriate, indexing, abstracting, translating, publishing, and other services leading to a more effective and timely dissemination of information on research, demonstration projects, and evaluations with respect to health care to public and private entities and individuals engaged in the improvement of health care delivery and the general public, and undertake programs to develop new or improved methods for making such information available; and

''(5) as appropriate, provide technical assistance to State and local government and health agencies and conduct liaison activities to such agencies to foster dissemination.

''(b) PROHIBITION AGAINST RESTRICTIONS.—Except as provided in subsection (c), the Director may not restrict the publication or dissemination of data from, or the results of, projects conducted or supported under this title.

''(c) LIMITATION ON USE OF CERTAIN INFORMATION.—No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under this title may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Director) to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented (as determined under regulations of the Director) to its publication or release in other form.

''(d) PENALTY.—Any person who violates subsection (c) shall be subject to a civil monetary penalty of not more than $10,000 for each such violation involved. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A of the Social Security Act are imposed and collected.

''SEC. 925. ADDITIONAL PROVISIONS WITH RESPECT TO GRANTS AND CONTRACTS.

''(a) FINANCIAL CONFLICTS OF INTEREST.—With respect to projects for which awards of grants, cooperative agreements, or contracts are authorized to be made under this title, the Director shall by regulation define—

''(1) the specific circumstances that constitute financial interests in such projects that will, or may be reasonably expected to, create a bias in favor of obtaining results in the projects that are consistent with such interests; and

''(2) the actions that will be taken by the Director in response to any such interests identified by the Director.

''(b) REQUIREMENT OF APPLICATION.—The Director may not, with respect to any program under this title authorizing the provision of grants, cooperative agreements, or contracts, provide any such financial assistance unless an application for the assistance is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out the program involved.

''(c) PROVISION OF SUPPLIES AND SERVICES IN LIEU OF FUNDS.—

''(1) IN GENERAL.—Upon the request of an entity receiving a grant, cooperative agreement, or contract under this title, the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the entity in carrying out the project involved and, for such purpose, may detail to the entity any officer or employee of the Department of Health and Human Services.

''(2) CORRESPONDING REDUCTION IN FUNDS.—With respect to a request described in paragraph (1), the Secretary shall reduce the amount of the financial assistance involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Director. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

''(d) APPLICABILITY OF CERTAIN PROVISIONS WITH RESPECT TO CONTRACTS.—Contracts may be entered into under this part without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

''SEC. 926. CERTAIN ADMINISTRATIVE AUTHORITIES.

''(a) DEPUTY DIRECTOR AND OTHER OFFICERS AND EMPLOYEES.—

''(1) DEPUTY DIRECTOR.—The Director may appoint a deputy director for the Agency.

''(2) OTHER OFFICERS AND EMPLOYEES.—The Director may appoint and fix the compensation of such officers and employees as may be necessary to carry out this title. Except as otherwise provided by law, such officers and employees shall be appointed in accordance with the civil service laws and their compensation fixed in accordance with title 5, United States Code.

''(b) FACILITIES.—The Secretary, in carrying out this title—

''(1) may acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise through the Director of General Services, buildings or portions of buildings in the District of Columbia or communities located adjacent to the District of Columbia for use for a period not to exceed 10 years; and

''(2) may acquire, construct, improve, repair, operate, and maintain laboratory, research, and other necessary facilities and equipment, and such other real or personal property (including patents) as the Secretary deems necessary.

''(c) PROVISION OF FINANCIAL ASSISTANCE.—The Director, in carrying out this title, may make grants to public and nonprofit entities and individuals, and may enter into cooperative agreements or contracts with public and private entities and individuals.

''(d) UTILIZATION OF CERTAIN PERSONNEL AND RESOURCES.—

''(1) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Director, in carrying out this title, may utilize personnel and equipment, facilities, and other physical resources of the Department of Health and Human Services, permit appropriate (as determined by the Secretary) entities and individuals to utilize the physical resources of such Department, and provide technical assistance and advice.

''(2) OTHER AGENCIES.—The Director, in carrying out this title, may use, with their consent, the services, equipment, personnel, information, and facilities of other Federal, State, or local public agencies, or of any foreign government, with or without reimbursement of such agencies.

''(e) CONSULTANTS.—The Secretary, in carrying out this title, may secure, from time to time and for such periods as the Director deems advisable but in accordance with section 3109 of title 5, United States Code, the assistance and advice of consultants from the United States or abroad.

''(f) EXPERTS.—

''(1) IN GENERAL.—The Secretary may, in carrying out this title, obtain the services of not more than 50 experts or consultants who have appropriate scientific or professional qualifications. Such experts or consultants shall be obtained in accordance with section 3109 of title 5, United States Code, except that the limitation in such section on the duration of service shall not apply.

''(2) TRAVEL EXPENSES.—

''(A) IN GENERAL.—Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a), 5724a(c), and 5726(C) of title 5, United States Code.

''(B) LIMITATION.—Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1) unless and until the expert agrees in writing to complete the entire period of assignment, or 1 year, whichever is shorter, unless separated or reassigned for reasons that are beyond the control of the expert or consultant and that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a statutory obligation owed to the United States. The Secretary may waive in whole or in part a right of recovery under this subparagraph.

''(g) VOLUNTARY AND UNCOMPENSATED SERVICES.—The Director, in carrying out this title, may accept voluntary and uncompensated services.

''SEC. 927. FUNDING.

''(a) INTENT.—To ensure that the United States investment in biomedical research is rapidly translated into improvements in the quality of patient care, there must be a corresponding investment in research on the most effective clinical and organizational strategies for use of these findings in daily practice. The authorization levels in subsections (b) and (c) provide for a proportionate increase in health care research as the United States investment in biomedical research increases.

''(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this title, there are authorized to be appropriated $250,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 through 2004.

''(c) EVALUATIONS.—In addition to amounts available pursuant to subsection (b) for carrying out this title, there shall be made available for such purpose, from the amounts made available pursuant to section 241 (relating to evaluations), an amount equal to 40 percent of the maximum amount authorized in such section 241 to be made available for a fiscal year.

''SEC. 928. DEFINITIONS.

''In this title:

''(1) ADVISORY COUNCIL.—The term 'Advisory Council' means the Advisory Council on Health Care Research and Quality established under section 921.

''(2) AGENCY.—The term 'Agency' means the Agency for Health Research and Quality.

''(3) DIRECTOR.—The term 'Director' means the Director of the Agency for Health Research and Quality.''.

(b) RULES OF CONSTRUCTION.—

(1) IN GENERAL.—Section 901(a) of the Public Health Service Act (as added by subsection (a) of this section) applies as a redesignation of the agency that carried out title IX of such Act on the day before the date of enactment of this Act, and not as the termination of such agency and the establishment of a different agency. The amendment made by subsection (a) of this section does not affect appointments of the personnel of such agency who were employed at the agency on the day before such date.

(2) REFERENCES.—Any reference in law to the Agency for Health Care Policy and Research is deemed to be a reference to the Agency for Health Research and Quality, and any reference in law to the Administrator for Health Care Policy and Research Quality.

AMENDMENT NO. 3 OFFERED BY MR. BILIRAKIS

Mr. BILIRAKIS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Mr. BILIRAKIS:

Page 3, line 2, strike ''by'' and all that follows through ''research'' on line 3 and insert the following: ''by conducting and supporting—

''(1) research''.

Page 4, line 3, strike ''synthesizing and disseminating'' and insert ''the synthesis and dissemination of''.

Page 4, line 7, strike ''advancing'' and insert ''initiatives to advance''.

Page 4, beginning on line 11, strike ''shall undertake'' and all that follows through ''evaluations'' on line 12 and insert the following: ''shall conduct and support research and evaluations, and support demonstration projects,''.

Page 4, line 25, strike ''shall support'' and all that follows through ''activities'' on page 5, line 4, and insert the following: ''shall conduct and support research, evaluations, and training, support demonstration projects, research networks, and multi-disciplinary centers, provide technical assistance, and disseminate information on health care and on systems for the delivery of such care, including activities''.

Page 6, line 5, strike ''made available under section 487'' and insert ''made available under section 487(d)(3) for the Agency''.

Page 7, beginning on line 21, strike ''that it uses''.

Page 7, line 23, strike ''that it uses''.

Page 7, line 24, strike ''behind health care practice'' and insert ''underlying health care practice''.

Page 8, beginning on line 15, strike ''Health Care Improvement Research Centers'' and insert ''health care improvement research centers''.

Page 8, line 20, strike ''Provider-based Research Networks'' and insert ''provider-based research networks''.

Page 8, line 23, insert ''evaluate and'' before ''promote quality improvement''.

Page 13, beginning on line 7, strike ''In carrying out 902(a), the Director'' and insert ''The Director''.

Page 14, beginning on line 5, strike '', the needs'' and all that follows through ''and monitor'' on line 8 and insert the following: '', including the health care needs of populations identified in section 901(c), provide data to study the relationships between health care quality, outcomes, access, use, and cost, measure changes over time, and monitor''.

Page 15, beginning on line 10, strike ''shall support research, evaluations and initiatives to advance'' and insert ''shall conduct and support research, evaluations, and initiatives to advance''.

Page 18, beginning on line 15, strike ''clinical practice and health care technologies'' and insert ''health care practices and technologies''.

Page 18, beginning on line 21, strike ''health care practices and health care technologies'' and insert ''health care practices and technologies''.

Page 19, line 1, strike ''promoting education, training, and providing'' and insert ''promoting education and training and providing''.

Page 19, beginning on line 2, strike ''health care practice and health care technology assessment'' and insert ''health care practice and technology assessment''.

Page 20, line 4, insert ''health care'' before ''technologies''.

Page 25, line 5, insert ''National'' before ''Advisory Council''.

Page 29, beginning on line 4, strike ''the maximum rate of basic pay payable for GS–18 of the General Schedule'' and insert the following: ''the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day during which such member is engaged in the performance of the duties of the Advisory Council''.

Page 43, line 2, insert ''National'' before ''Advisory Council''.

Mr. BILIRAKIS. Mr. Chairman, this is an en bloc technical amendment to section 2 of the bill as reported by the Committee on Commerce. Section 2 of the bill is divided into three parts.

Part A provides for the reauthorization of the agency for health care policy and research and renames it the Agency for Health Research and Quality and outlines the agency's mission and general authorities. Part A also establishes specific requirements that the agency must meet as well as limitations on the agency's authority and provides the agency with authority to support training programs.

Part B outlines the specific programmatic authority of the agency in six broad areas and includes a seventh section to promote coordination and reduce unnecessary duplication of existing health services, research, quality research, and improvement activities. The six programmatic areas include outcomes research, organization and delivery research, quality and cost of care research, and data development information systems for health care improvement, primary care and access research, and practice and technology assessment.

Part C governs the daily administration of the agency, establishes its national advisory counsel and sets the authorization levels for the agency. This section outlines the agency's authority to support grants and contracts and establishes requirements for scientific peer review of research funded

by the agency and the dissemination of research findings.

The committee was unable, Mr. Chairman, to make these technical corrections to the text of the bill before reporting it, however we have met with the minority and with the administration, and we are all in agreement that these amendments are technical in nature, improve the underlying text and do not make substantive changes in the bill as it was reported. For these reasons, I ask my colleagues for support of this en bloc amendment.

Mr. BROWN of Ohio. Mr. Chairman, will the gentleman yield?

Mr. BILIRAKIS. I yield to the gentleman from Ohio.

Mr. BROWN of Ohio. Mr. Chairman, I agree. I concur with what the gentleman said. This is a by and large technical amendment that we worked on together as we worked on the bill together, and I ask my colleagues to support the Bilirakis amendment.

Mr. BILIRAKIS. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Florida (Mr. BILIRAKIS).

The amendment was agreed to.

AMENDMENT NO. 12 OFFERED BY MR. ANDREWS

Mr. ANDREWS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 12 offered by Mr. ANDREWS:

Page 16, after line 15, insert the following subsection:

(c) CERTAIN LINKAGES REGARDING HEALTH INFORMATION.—Initiatives under subsection (a) shall include the establishment, through a site maintained by the Director on the telecommunications medium known as the World Wide Web, of linkages that enable users of the site to obtain information from consumer satisfaction agencies or other entities that perform evaluations regarding the quality of health care, including more than one link to entities that evaluate health maintenance organizations, and including a link of the National Committee for Quality Assurance.

MODIFICATION TO AMENDMENT NO. 12 OFFERED BY MR. ANDREWS

Mr. ANDREWS. Mr. Chairman, I ask unanimous consent that slight technical modifications to the underlying amendment be considered in order.

The CHAIRMAN. The Clerk will report the modification.

The Clerk read as follows:

Modification to Amendment No. 12 offered by Mr. ANDREWS:

Page 16, after line 15, insert the following subsection:

(c) CERTAIN LINKAGES REGARDING HEALTH INFORMATION.—Initiatives under subsection (a) shall include the establishment, through a site maintained by the Director on the telecommunications medium known as the World Wide Web, of linkages that enable users of the site to obtain information from consumer satisfaction agencies or other entities that perform evaluations regarding the quality of health care, including more than one link to entities that evaluate health maintenance organizations, and including a link of the National Committee for Quality Assurance.

Mr. ANDREWS (during the reading). Mr. Chairman, I ask unanimous consent that the modification be considered as read and printed in the RECORD.

The CHAIRMAN. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

The CHAIRMAN. Is there objection to the modification?

There was no objection.

Mr. ANDREWS. Mr. Chairman, I first wanted to thank and congratulate the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) for their leadership in bringing this legislation to the floor. It is worthy of unanimous support of the House, and I enthusiastically support the bill.

My amendment speaks to a very traditional value and a new technology. The traditional value is enlightened consumer choice. When we buy a toaster or an automobile or a house, we have all kinds of information available to us about the quality of the product that we are buying. There are government and private for-profit and private nonprofit sources of such information readily available. So should such information be available with respect to health care plans; and that is where this traditional value is combined with a new technology, the World Wide Web.

The purpose of my amendment is to call on the AHCPR to make available on a web site on the World Wide Web a collection of information offered by nonprofit and public groups that evaluate and give information about the quality of health care plans to consumers. If this amendment is included, consumers will be able to visit the web site and click on information from groups such as the National Committee for Quality Assurance and other institutions that provide independent, verifiable, valuable information to consumers about the quality of health insurance choices available to them. I believe that by bringing together the traditional concept of consumer empowerment and the relatively new technology of the World Wide Web that we help more American decision makers make better decisions about the health care choices before them.

Mr. Chairman, I urge the adoption of the amendment.

Mr. BILBRAY. Mr. Chairman, I rise in support of the amendment offered by the gentleman from New Jersey.

The majority has had an opportunity to review the amendment which would require that, as the gentleman said, that the director maintain Internet linkages to appropriate sites and provide information on consumer satisfaction with health care and specifically health maintenance organizations, and we are prepared to accept the amendment.

Mr. BROWN of Ohio. Mr. Chairman, I move to strike the last word.

I rise in support of the Andrews amendment and compliment him on his forward thinking on this issue. Transparency in the health care system is particularly important. I think this will contribute to that, and I ask Members on this side of the aisle and both sides of the aisle to support the Andrews amendment.

The CHAIRMAN. The question is on the amendment, as modified, offered by the gentleman from New Jersey (Mr. ANDREWS).

The amendment, as modified, was agreed to.

AMENDMENT NO. 16 OFFERED BY MR. DAVIS OF ILLINOIS

Mr. DAVIS of Illinois. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 16 offered by Mr. DAVIS of Illinois:

Page 6, strike lines 6 through 10 and insert the following:

''(2) REQUIREMENTS.—In developing priorities for the allocation of training funds under this subsection, the Director shall take into consideration shortages in the number of trained researchers who are members of one of the priority populations and the number of trained researchers who are addressing the priority populations.

Mr. DAVIS of Illinois. Mr. Chairman, let me first of all commend the gentleman from Florida (Mr. BILIRAKIS) and the ranking member, the gentleman from Ohio (Mr. BROWN), for the work that they have done on this particular bill.

Mr. Chairman, the mission of this bill is to enhance the quality appropriateness and effectiveness of health services and access to those services. The amendment that I offer today is consistent with the underlying mission of the bill. This amendment seeks to address the issue of under-representation of individuals from the priority populations who receive training funds. This amendment merely suggests that the director take into consideration to the extent possible shortages in the number of trained researchers who are members of one of the priority populations and the number of trained researchers who are addressing the priority populations.

Mr. Chairman, it is my position that trained individuals with the greatest levels of contact, experiences and interactions with priority populations have a better chance to have acquired keener insight into understanding the characteristics and behaviors of these population groups. That keener insight may help them better understand factors which impede individuals in priority populations from movement towards acquisition of equity in health care and health status. Their greater familiarity with low-income and minority groups may afford them the level of sensitivity that is needed to get them the results which are desired.

Mr. Chairman, it is not easy to arrive at the desired results because when we look at the numbers of pre- and postdoctoral fellows, health researchers

and medical doctors, the numbers from priority populations are very low and, in some instances, are in danger of even getting lower. According to Dr. Robert G. Petersdor, President of the Association of Medical Colleges, in 1992, he stated that not only have we not made any progress since the mid-1970s toward our goal of providing equitable access to medical school for students from all of society, we have been losing ground. For example, in 1996 there were reported to be 737,734 physicians in this country: 373,539 or 50.6 percent were of the majority population, 13,759 or 1.8 percent were black, 21,841 or 3.0 percent were Hispanic, 48,913 or 6.6 percent were Asian Oriental, 225 or .0003 or three tenths of one thousandth percent were American Native Alaskan, 11,943 or 1.6 percent with others, and 267,544 or 36.0 percent were unknown. Of course, the American Medical Association only had racial and ethnic data on about 64 percent of all the physicians in the United States.

In 1996, there were 100 fewer under-represented minorities accepted into medical schools and only 10 percent of all medical school graduates were members of these under-represented minority groups who make up a total of approximately 28 percent of the total U.S. population.

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We ought to make every effort to find individuals from these populations; and, in addition, we must make sure that these priority populations are adequately covered in terms of the number of trained researchers. It is my understanding that the Department of Health and Human Services supports this amendment and agrees that this effort must be made.

Therefore, I would urge its immediate adoption.

Mr. BILIRAKIS. Mr. Chairman, I rise in support of the amendment.

Mr. Chairman, the majority has had an opportunity to review the amendment which would require, as the gentleman said, that the director in allocating health services training grants under section 902 take into consideration shortages in the number of trained researchers who are one of a number of priority populations, as well as shortages in the number of trained researchers who are addressing the priority of populations. We are prepared to accept the amendment.

Mr. BROWN of Ohio. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I rise in support of the Davis amendment and commend the gentleman on his work in promoting equal access for medical researchers and medical training. I think it is certainly an issue whose time has come. I thank the gentleman from Illinois for his work and ask the support of the House for the Davis amendment.

The CHAIRMAN pro tempore (Mr. QUINN). The question is on the amendment offered by the gentleman from Illinois (Mr. DAVIS).

The amendment was agreed to.

AMENDMENTS NO. 2 AND NO. 1 OFFERED BY MS. JACKSON-LEE of texas

Ms. JACKSON-LEE of Texas. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 offered by Ms. JACKSON-LEE of Texas:

Page 4, line 14, insert ''In inner-city areas and'' after ''health services''.

Ms. JACKSON-LEE of Texas. Mr. Chairman, let me thank the ranking member and the chairman and their staff for the cooperation with my staff on an issue that I think we all can agree on. Let me also note my agreement with the amendments of the gentleman from Illinois (Mr. DAVIS), in talking about adding historically black colleges and Hispanic-serving colleges to the idea or the concept of research.

This amendment adds the language ''inner-city'' to the provision of the bill which speaks to rural health care, and it does speak to minority groups; but this now makes it in particular an emphasis on some of our urban and inner-city areas.

I come from one of the largest cities in the Nation, in fact the fourth largest city in the Nation, and am an avid supporter for the access of health care to be spread throughout our Nation, rural areas, urban areas, and our particular unique groups. But I think it is important to emphasize some of the special health care needs that we find in the inner city in populations that tend to be minority.

For example, let me bring to the attention of my colleagues that, although we are talking about another matter, appropriations, I do not know if they are aware of the fact that last year we had 783 rural health clinics, and we are now down to 483 rural health clinics, particularly in my State, in the State of Texas.

In addition, we have determined that a one-third decrease has occurred in inner-city health clinics. So we know for sure that we are declining in the access of health care. So this particular legislation, which focuses on the research and determination of access and better health care, is extremely important.

If I might cite for you the issue of AIDS, it disproportionately affects the minority populations. Racial and ethnic minorities constitute approximately 25 percent of the total U.S. population, yet they account for nearly 54 percent of all AIDS cases. During 1995 and 1996, AIDS death rates declined 23 percent for the total U.S. population, while declining only 13 percent for blacks and 20 percent for Hispanics. Contributing factors for these mortality disparities include late identification of disease and lack of health insurance to pay for drug therapies. So this bill's actual impact will be far reaching as we define minorities to include the inner cities.

For men and women combined, blacks have a cancer death rate about 35 percent higher than that for whites. The incidence rate for lung cancer in black men is about 50 percent higher than in white men. Native Hawaiian men, Alaskan native men and women, Vietnamese women and Hispanic women particularly suffer from elevated rates of cancer; and although these different groups are located throughout the United States, many times, because of job searches, they look for the inner city and find themselves in the inner city. In fact, Mr. Chairman, many new immigrant groups will find themselves in the inner city additionally.

I would also like to note that, again, major disparities exist upon population groups, particularly for minority and low-income populations. The age-adjusted death rate for coronary heart disease for the total population declined by 20 percent from 1987 to 1995. For blacks, the overall decrease was only 13 percent. So we can see the screening for cholesterol is extremely important.

Diabetes is extremely important, which results in the complications such as end-stage renal disease, and amputations are much higher among black and American Indians when compared to the total population.

I am very pleased that we have this legislation on the floor of the House, and I simply would like to add this language of the inner city in order to ensure that all of the resources that are brought to bear on this problem will get all of our populations, and particularly those who suffer the greatest lack of access to health care.

I close by simply saying, Mr. Chairman, I have a very large public health system. It is overwhelmed. In fact, it suffers from lack of resources. I do know that the more knowledge we have about access of health care for minorities and inner-city residents, along with rural communities, will help our country in doing a better job of serving our constituencies. I would like my colleagues and solicit my colleagues' support for this amendment.

Mr. Chairman, I rise to offer an amendment to H.R. 2506 that would include inner city areas as special populations that deserve priority. I commend my colleagues for introducing this legislation to improve the quality and effectiveness of health services. This amendment simply extends the reach of this measure to areas of society that desperately need our assistance.

As written, this bill would provide innumerable benefits to Americans, but we must not be blind to the fact that many Americans cannot drink from this well. It is a sad fact that nowhere are divisions of race and ethnicity more sharply drawn than in the health of our people.

For instance, AIDS disproportionately affects minority populations. Racial and ethnic minorities constitute

approximately 25 percent of the total U.S. population, yet, they account for nearly 54 percent of all AIDS cases. During 1995 and 1996, AIDS death rates declined 23 percent for the total U.S. population while declining only 13 percent for blacks and 20 percent for Hispanics. Contributing factors for these mortality disparities include late identification of disease and lack of health insurance to pay for drug therapies.

Cancer is also a leading cause of death in America. Many minority groups suffer disproportionately from cancer. Disparities exist in both mortality and incidence rates. For men and women combined, blacks have a cancer death rate about 35 percent higher than that for whites. The incidence rate for lung cancer in black men is about 50 percent higher than in white men. Native Hawaiian men, Alaskan native men and women, Vietnamese women, and Hispanic women particularly suffer from elevated rates of cancer. We must provide far greater screening opportunities for these members of society, and we can do so with this amendment.

Cardiovascular disease is a leading killer and a leading cause of disability in the United States. Again, major disparities exist among population groups, particularly for minority and low-income populations. The age-adjusted death rate for coronary heart disease for the total population declined by 20 percent from 1987 to 1995; for blacks the overall decrease was only 13 percent. Rates of screening for cholesterol show disparities for racial and ethnic minorities, and without such screening, our citizens will continue to suffer from the debilitating effects of cardiovascular disease.

Diabetes also affects more minorities than whites. The prevalence of diabetes is approximately 70 percent higher than whites and the prevalence in Hispanics is nearly double that of whites. Preventative interventions should target high-risk groups. Diabetes complications such as End-Stage Renal Disease and amputations are much higher among black and American Indians when compared to the total population. Early detection, improved care, and education can prevent this disease from incapacitating America's men and women. But we must provide these important health care services.

Finally, infant mortality remains a threat to our children. Although the rate has declined to a record low of 7.2 per 1,000 live births in 1996, infant mortality still greatly threatens certain racial and ethnic groups. Infant death rates among blacks, American Indians and Alaska natives, and Hispanics were all above the national average. Infant morality can be combated with timely prenatal care, but 84 percent of white pregnant women received such care while only 71 percent of black and Hispanic pregnant women received early pre-natal care. Eliminating these disparities requires the removal of financial, educational, social, and logistical barriers to health care services.

This bill, as written, appropriately recognizes that rural areas are in particular need of health care. But as statistics clearly indicate, the inner city areas also need quality health care, and we can provide just that with this amendment. I strongly urge my colleagues to support this common-sense amendment.

Mr. BILIRAKIS. Mr. Chairman, will the gentlewoman yield?

Ms. JACKSON-LEE of Texas. I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Chairman, I thank the gentlewoman for yielding, and I say to her that the majority has had an opportunity to review the amendment, which would add inner-city areas to rural and frontier areas among the geographic priority populations included in the submission.

I commend the gentlewoman for formulating this amendment, and we are prepared to accept it.

Mr. BROWN of Ohio. Mr. Chairman, will the gentlewoman yield?

Ms. JACKSON-LEE of Texas. I yield to the gentleman from Ohio.

Mr. BROWN of Ohio. Mr. Chairman, I thank the gentlewoman from Houston and rise in support of the amendment. It makes good sense with the HCPR's work in the past in rural areas that inner cities should be included, and ask for support of the amendment.

Ms. JACKSON-LEE of Texas. Mr. Chairman, reclaiming my time, I thank the gentleman very much. Again, let me thank the chairman and the ranking member for their excellent leadership on this legislation.

Mr. Chairman, I have another amendment. There are colleagues on the floor. I would be able to discuss that amendment very quickly within this time frame and have us all out of the way. I understand that we have mutual agreement on moving forward.

Is that appropriate at this time, so that my other colleagues can go forward?

The CHAIRMAN pro tempore. The gentlewoman controls the time.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I have an amendment at the desk.

The CHAIRMAN pro tempore. Is the gentlewoman asking to offer her amendment at this time?

Ms. JACKSON-LEE of Texas. I am.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Ms. JACKSON-LEE of Texas:

Page 4, line 9, strike ''(c)'' and all that follows through ''the Director shall'' on line 11 and insert the following:

''(c) REQUIREMENTS WITH RESPECT TO SPECIAL POPULATIONS.—There is established within the Agency an office to be known as the Office on Special Populations, which shall be headed by an official appointed by the Director. The Director, acting through such Office, shall''.

The CHAIRMAN pro tempore. Is there objection to considering these amendments en bloc?

There was no objection.

The CHAIRMAN pro tempore. The gentlewoman from Texas is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Chairman, this amendment is dealing with creating an Office of Special Populations within the Agency for Health Research and Quality which will give us the opportunity to focus on the authority to conduct health care research, demonstration projects and evaluations with respect to low-income groups and minority groups.

I would simply say that this complements the earlier amendment that I have and would be delighted to have these accepted en bloc.

I rise to offer an amendment to H.R. 2506, the Health Research and Quality Act of 1999 that would create an office known as the Office on Special Populations, which shall be headed by an official appointed by the director.

I commend my colleagues for introducing this legislation to provide higher quality and more effective health services to our citizens. This bill will improve health care services and will provide greater prevention of diseases and other health conditions through improvements in clinical and health system practices.

Currently, the bill designates a Director of the Agency for Health Care Policy and Research to oversee this measure. While I agree that we must provide oversight to this plan, I feel that one position cannot possibly serve the needs of our citizens. My amendment would diminish the burden on the Director by providing an Office of Special Populations.

This office also would help the Director pinpoint the dilemmas facing our special populations—those living in rural or inner city areas. It is clear that these areas suffer from disease and health-related problems to a far greater extent than other areas.

A great disparity exists between whites and certain races and ethnic cultures. At this time, we do not know all of the reasons for this disturbing gap. Inadequate education, disproportionate poverty, discrimination in the delivery of health services, cultural differences likely contribute to the problem. This office could study these factors and pinpoint those that most affect the rural and inner city areas. Such research greatly would contribute to our ability to then find solutions to our current problems and would allow our health services to reach the people who need them the most.

This office would work concurrently with the Director to study and determine appropriate measures that will improve our Nation's health care. This office clearly would provide a support system for the Director, and it is my hope that this office would increase the overall efficiency of the Agency for Health Care Policy and Research.

The disparities that are detrimentally affecting our inner city and rural areas are unacceptable. We must provide a comprehensive initiative that will effectively eliminate this gap. This amendment would achieve such a goal by providing an office whose mission is to eliminate disparities in health care. I urge my colleagues to support this vital amendment.

Mr. BILIRAKIS. Mr. Chairman, I rise in support of the amendment.

Mr. Chairman, again, to reiterate, we have had an opportunity to review the

amendment, which would establish this Office of Special Populations within the agency to which the director would carry out the requirements specified in said section 901(c). We are prepared to accept the amendment.

Mr. BROWN of Ohio. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I agree with the second part of the amendment too and support the en bloc amendment and commend the gentlewoman from Texas (Ms. JACKSON-LEE) for her good work on this.

The CHAIRMAN pro tempore. The question is on the amendments offered by the gentlewoman from Texas (Ms. JACKSON-LEE).

The amendments were agreed to.

AMENDMENT NO. 17 OFFERED BY MR. DAVIS OF ILLINOIS

Mr. DAVIS of Illinois. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 17 offered by Mr. DAVIS of Illinois:

Page 7, after line 14, insert the following subsection:

''(g) ANNUAL REPORT.—Beginning with fiscal year 2003, the Director shall annually submit to the Congress a report regarding prevailing disparities in health care delivery as it relates to racial factors and socio-economic factors in priority populations.''

Mr. DAVIS of Illinois. Mr. Chairman, I once again would commend the chairman and ranking member of this committee for the manner in which they have been able to bring this bill before us.

Mr. Chairman, this amendment seeks to make sure that Congress has the necessary information regarding prevailing health disparities by requiring an annual report to be submitted beginning with the fiscal year 2003 regarding prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors.

Mr. Chairman, racial and ethnic minority populations are among the fastest growing of all communities in America. Unfortunately, as African Americans, Hispanic, American Indians, Asian Americans and other Pacific Islanders in many respects have continued to grow, so too have their disparities in health care. These groups have poorer health and remain chronically underserved by the health care system.

Significant gaps in health data still exist, as we have not kept pace with growth of these population groups with health care infrastructure and personnel. Historically, participation in research and data gathering activities on the part of some minority groups has been modest, and especially among African Americans, who are wary of research and researchers, stemming in part from knowledge of the Tuskegee experiment, when the Federal Government withheld a syphilis cure from hundreds of male participants in a study that lasted 4 decades. President Clinton apologized for that experiment last spring, although it occurred long before his watch.

Fortunately, new approaches, techniques, guarantees and protective protocols are being put into place and used to make data gathering and research more appealing. These population groups are responding more positively, and we need to make sure that these focuses and activities continue.

I am aware that the Secretary of Health and Human Services has announced a plan to end racial disparities in health care and require the collection of data relative to racial factors. However, in this robust economy we have witnessed a widening of the gap in health care disparities. One would hope that we would have been more effective in narrowing the gap between the have's and the have-not's and between minority and majority population groups. In many instances, that has not happened.

Age-adjusted breast cancer mortality increased 3.9 percent for black women and declined 15.4 percent for white women between 1985 and 1996. While the number of tuberculosis cases among non-Hispanic whites actually decreased 42.9 percent between 1986 and 1997, the number of reported tuberculosis cases increased 51.1 percent for Asian Americans and Pacific Islanders and 30.3 percent for Hispanics, according to the Center for Disease Control.

I could go on and on and cite statistics relative to the prevalence of prostate cancer in African American men and the increasing rates of HIV-AIDS infection for African American women.

In short, we need an annual report to measure whether we are making progress in ending racial disparities in health care and improving the quality of life for all Americans.

This report will also underscore where we need to direct our resources and research. In my congressional district, for example, we have 22 hospitals, some of the finest in the country. At the same time, we have 175,000 people living at or below the poverty level. We also have some of the most dire health status indicators in Western civilization.

This amendment is designed to try and make sure that we have adequate and accurate information on which to base policy and budgetary decisions.

□ 1530

Therefore, I urge support of this amendment and urge its immediate adoption.

Mr. BILIRAKIS. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I just want to say that the majority has had an opportunity to review this amendment, which would require that the director of the agency submit an annual report to the Congress beginning with fiscal year 2003 regarding prevailing disparities in health care deliveries as related to racial and socioeconomic factors in priority populations.

We are prepared to accept the amendment and also commend the gentleman from Illinois (Mr. DAVIS) for his insight and preparation of this and the other amendments.

Mr. BROWN of Ohio. Mr. Chairman, I rise in support of the Davis amendment.

Mr. Chairman, I congratulate him and compliment him on his work on a very important issue. I think that the disparity in health care delivery, especially as it relates to different racial groups, different socioeconomic groups, is one of the most serious problems our health care system faces.

It is not something we have done especially well as a Nation or as a society in the past, and I think the Davis amendment is a major step forward in alleviating some of those discrepancies and variations.

I thank the gentleman for his good work and ask for support of his amendment.

The CHAIRMAN pro tempore (Mr. QUINN). The question is on the amendment offered by the gentleman from Illinois (Mr. DAVIS).

The amendment was agreed to.

AMENDMENT NO. 6 OFFERED BY MR. DAVIS OF ILLINOIS

Mr. DAVIS of Illinois. Mr. Chairman, I offer amendment No. 6.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 6 Offered by Mr. DAVIS of Illinois:

Page 21, line 6, insert after ''agencies,'' the following: ''minority institutions of higher education (such as Historically Black Colleges and Universities, and Hispanic institutions),''.

Mr. DAVIS of Illinois. Mr. Chairman, this amendment seeks to recognize the unique diversity of our Nation and take full advantage of minority institutions in clinical practice and technology innovation. This amendment simply urges the director to consider utilizing minority institutions such as historically black colleges and universities and Hispanic institutions when awarding such grants regarding health-care technology.

Our historically black colleges and universities have produced some of the greatest pioneers in the medical profession, for example, Charles Richard Drew, who was the pioneer of blood plasma preservation, to Ernest Just, who formulated new concepts of cell life and metabolism and pioneered investigations of egg fertilization.

Inclusion of minority institutions in medical research has been inadequate. The National Institutes of Health Office of Financial Management reported that in 1997 they spent $12.7 billion on medical research. Of that, $8.46 billion went to higher education institutions. Historically black colleges and universities received just $79.8 million of these dollars, less than 1 percent of the National Institutes of Health higher-education pie.

It is our diversity that strengthens us as a Nation. Someone remarked that we are a Nation of communities, of tens and thousands of ethnic, religious, social, business, labor union, neighborhood, regional and other organizations, all of them varied, voluntary and unique; a brilliant diversity spread like stars, like a thousand points of light in a broad and peaceful sky.

This amendment merely seeks to capitalize on this Nation's great diversity by making minority institutions eligible and by urging them to seek these grants. I believe that this is an important amendment because it places valuable resources in the hands of institutions that are capable and able to help produce the needed researchers and professionals that this country relies so much upon. I urge adoption of this amendment.

Mr. BILIRAKIS. Mr. Chairman, I move to strike the last word.

Mr. Chairman, the majority has had an opportunity to review the amendment, finds that it is consistent with the functions of the agency which would expand the eligible entities to receive grants and contracts for clinical practices and technology innovation, as determined by the director to include minority institutions of higher education. We are prepared to accept the amendment.

Mr. BROWN of Ohio. Mr. Chairman, I rise in support of the amendment.

Mr. Chairman, the amendment underscores how all society benefits from the richness of diversity. I ask for support of the Davis amendment.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from Illinois (Mr. DAVIS).

The amendment was agreed to.

AMENDMENT NO. 7 OFFERED BY MR. THOMPSON OF CALIFORNIA

Mr. THOMPSON of California. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 7 offered by Mr. THOMPSON of California:

Page 21, after line 8, insert the following subsection:

''(d) MEDICAL EXAMINATION OF CERTAIN VICTIMS.—

''(1) IN GENERAL.—In carrying out subsection (a), the Director shall promote evidence-based clinical practices for—

''(A) the examination and treatment by health professionals of individuals who are victims of sexual assault (including child molestation) or attempted sexual assault; and

''(B) the training of health professionals on performing medical evidentiary examinations of individuals who are victims of child abuse or neglect, sexual assault, elder abuse, or domestic violence.

''(2) CERTAIN CONSIDERATIONS.—Evidence-based clinical practices promoted under paragraph (1) shall take into consideration the expertise and experience of Federal and State law enforcement officials regarding the victims referred to in such paragraph, and of other appropriate public and private entities (including medical societies, victim services organizations, sexual assault prevention organizations, and social services organizations).''

Mr. THOMPSON of California. Mr. Chairman, I would like to commend the Committee on Commerce and the bill's sponsors, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN), for bringing this important bill to the floor today for our consideration.

Mr. Chairman, thousands of individuals are sexually assaulted or abused in our country every year. Over 300,000 individuals were the victim of rape or sexual assault in 1998 alone. Many are children and many are elderly. In fact, recent studies reveal that an increasingly high percentage of the victims of rape or sexual assault are likely to be children. Fifteen percent of rape victims are under the age of 12, and 44 percent are under the age of 18.

These are the most awful of crimes, and Congress has responded with enactment of new Federal penalties in 1994, as well as the establishment of a number of grant programs under the landmark Violence Against Women Act. There remain gaps in our Nation's response to this type of violence, particularly in our ability to prosecute the perpetrators. The amendment I offer is intended to fill some of these gaps.

The amendment adds an important provision related to the quality of the training of health professionals in several very sensitive areas of their work: the identifications, treatment, and examination of victims of sexual assault and the collection of forensic evidence for the use of possible criminal prosecutions.

While services encountered in some metropolitan centers can be excellent, access to trained medical practitioners is restricted and unevenly distributed. Many rural, mid-sized counties, and geographically large urban areas lack health professionals trained in identifying and treating victims of sexual assault and in conducting evidentiary examinations, collecting and preserving evidence and in interpreting findings. Many are inexperienced in collaborating with law enforcement agencies and investigating social workers.

As a result, many victims of child molestation, domestic violence, and elder abuse are underserved or ill-served in the medical treatment and counseling that they receive. At the same time, in instances where proper evidence collection procedures are not followed, district attorneys are forced to drop charges against dangerous perpetrators for lack of evidence. Rather than rely on bad testimony or testimony given by children who are emotionally wrought because of the crime that had been committed against them, the prosecutor is forced to allow the perpetrator to walk away; and this person is often free to do his crime or her crime again.

Lack of proper training and lack of retraining appears to be a particular problem in acute cases and in areas where multidisciplinary teams are not readily available. Lack of experience can have several deleterious consequences. First, professionals who lack experience with the delicate nature of such evaluations may psychologically traumatize children.

Mr. Chairman, the amendment before this body requires the director of the Agency for Health, Research and Quality to set forth and promote evidence-based clinical practices for identifying, examining, and treating victims of sexual assault and training medical professionals on how to perform medical evidentiary exams in child physical and sexual abuse, domestic violence and elder abuse cases.

The amendment is supported by a number of groups, including the International Association of Forensic Nurses, the National Association of Social Workers, the Pennsylvania Coalition Against Rape, and the administration. This amendment is a small but important step in addressing a serious national problem, and I urge its adoption.

Mr. BILIRAKIS. Mr. Chairman, I move to strike the last word.

Mr. Chairman, the staff has, as they have in all of these amendments, reviewed this amendment, spent an awful lot of time in many cases with the proposers' staffs. We have had an opportunity to review this particular amendment along with the others, which would require the director to include among the evidence-based clinical practices and health-care technologies promoted by the agency, the examination and treatment of victims of sexual assault, the training of health professionals in performing medical evidentiary examinations of persons who are victims of sexual assault, and we are prepared to accept this very good amendment.

Mr. BROWN of Ohio. Mr. Chairman, I rise in support of the Thompson amendment.

Mr. Chairman, I congratulate my friend from California (Mr. THOMPSON) for his leadership on issues of child abuse and abuse of the elderly. This amendment will lead to better training of health professionals to deal with those problems of sexual abuse and child abuse and abuse of the elderly, and I ask the House for support of the Thompson amendment.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from California (Mr. THOMPSON).

The amendment was agreed to.

AMENDMENT NO. 20 OFFERED BY MR. PASCRELL

Mr. PASCRELL. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 20 offered by Mr. PASCRELL:

Page 13, after line 5, insert the following subsection:

''(d) CANCER AND CARDIOVASCULAR DISEASES IN WOMEN.—The Director shall conduct and

support research and build private-public partnerships to enhance the quality, appropriateness, and effectiveness of and access to health services regarding cancer and cardiovascular diseases in women, including with respect to the comparative effectiveness, cost-effectiveness, and safety of such services.''

Mr. PASCRELL. Mr. Chairman, I would like to congratulate the gentleman from Florida (Mr. BILIRAKIS) for this terrific piece of common sense legislation. The amendment that I bring to the floor does not seek to undo any of the positive aspects of the bill. Instead, it improves upon an already outstanding bill by addressing one of our Nation's silent killers.

While there is a growing awareness of the devastating impact that breast cancer has on American women, there is still a misguided belief that cancer and cardiovascular disease are men's diseases. My amendment simply seeks to shine the light on this misinterpretation.

These misconceptions have kept us from realizing that these debilitating and deadly diseases have been historically understudied when it comes to their effect on women. In fact, it was not until the last decade that we have pushed the scientific and medical communities to study how diseases specifically impact upon women.

As we all know, cardiovascular disease is the leading killer in this country. Approximately 960,000 Americans die of cardiovascular disease each year. What is not well known is that more women die of this disease each year than men. Women have different heart attack symptoms than men. Therefore, they are frequently misdiagnosed. Where a man may have chest pain, left arm numbness, a woman may have a shortness of breath and stomach pain, symptoms that are seen in many other conditions, not just heart attacks.

Although women live longer than men, they typically suffer from other chronic disease which mask heart attack symptoms. Women also die of heart attacks at greater rates than men do. The lack of research in women's health issues has also been seen in cancer research. Cancer is the second leading killer in women, with lung cancer as the leading cause of cancer death.

Significantly, over the past 10 years, the death rate from lung cancer has declined in men, but has continued to rise in women. Women also suffer from breast, colorectal, cervical, and ovarian cancers at alarming rates. Although ovarian cancer has the lowest incidence of death, this is the deadliest of all cancers.

Let me explain for a second what I mean.

□ 1545

One woman in 55, will develop ovarian cancer over her lifetime, one in 55; yet the 5-year survival rate for ovarian cancer is 35 to 47 percent. In contrast, prostate cancer has a 5-year 87 percent survival rate.

We all agree that we have reached a day where we must study these diseases further. We must also come to an understanding that diseases affect men very differently than they affect women.

Gender-specific research is critical in the move toward better treatment. Just as we must focus on rural and urban and underserved populations, we must also focus on the studying and treating women in the most beneficial, cost-effective, and safe way.

The Health Research and Quality Act gives such an opportunity when it comes to studying heart disease and cancers in woman. That will help us meet our shared goal of providing the best of all care.

I urge my colleagues to support my amendment.

Mr. BILIRAKIS. Mr. Chairman, will the gentleman yield?

Mr. PASCRELL. Yes, I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Chairman, I asked the gentleman to yield just to share with the House that the majority has had an opportunity to review his amendment which would require that the director bill private-public partnerships, enhance the quality of and access to health services regarding cancer and cardiovascular services for women.

I would also report to the gentleman that we have a markup at my committee in a couple of days, a breast cancer markup, a very important piece of legislation.

We are prepared, Mr. Chairman, to accept the amendment.

Mr. BROWN of Ohio. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I thank the gentleman from New Jersey (Mr. PASCRELL), my friend, on his leadership on this issue and ask the House for support on the Pascrell amendment.

Two weeks ago, I sponsored a women's health fair in Brunswick, Ohio, in my district. Among other speakers was Dr. John Schaeffer, a prominent cardiologist from Elyria, Ohio, who talked about many of the things and emphasized many of the statements that the gentleman from New Jersey (Mr. PASCRELL) mentioned, among them that the incidence of heart attacks in men is higher, but the mortality rates are higher for women.

In other words, men are much more likely to recognize the symptoms of heart disease because we, too often, in this society have said that heart disease is a male disease more and not a female disease. But the fact is it is the largest killer among women. More women die of heart attacks than men. Women need to be aware of the symptoms that are present in heart attacks. As we have instructed men in this society to be aware of the symptoms, we need to do the same with women.

I think including the Pascrell amendment in this legislation will be a major step towards that. I ask the House support of the Pascrell amendment.

The CHAIRMAN pro tempore (Mr. QUINN). The question is on the amendment offered by the gentleman from New Jersey (Mr. PASCRELL).

The amendment was agreed to.

AMENDMENT NO. 9 OFFERED BY MR. TIERNEY

Mr. TIERNEY. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 9 offered by Mr. TIERNEY:

Page 12, after line 14, insert the following subparagraph:

''(C) The conduct of research on methods to reduce the costs to consumers of obtaining prescription drugs.

Page 12, line 15, strike ''(C)'' and insert ''(D)''.

Mr. TIERNEY. Mr. Chairman, my amendment is rather brief. What it does is it seeks to have this following subparagraph, ''the conduct of research on methods to reduce the costs to consumers of obtaining prescription drugs,'' be included in this bill.

Mr. Chairman, prescription drugs can improve health care, and it can save lives. But these benefits cannot be realized unless patients can afford their medications.

H.R. 2506 already requires research on ways that new and appropriate uses of drugs can improve health quality and costs. Our amendment would simply add support for research on ways of promoting prescription drug affordability as well.

Pharmaceutical manufacturers may argue that reducing prescription drug costs to consumers will reduce the profit incentive that drives researchers to develop new drugs. But, Mr. Chairman, that is a myth.

Currently, the drug companies enjoy such large profits that they have ample room to cut costs without sacrificing research. The largest pharmaceutical manufacturers spend less on research and development than they make in pure profit; and the size of that profit is, indeed, substantial. The drug industry is three times more profitable than the average profitability of all other Fortune 500 industries.

Moreover, if individual U.S. purchasers paid less, the drug manufacturers would likely continue to maintain their high-profit levels. They would simply make up for the decreased revenue by spreading costs, for instance, to other countries that now consistently pay far lower prices for their prescription drugs than do citizens in this country. Currently, many Americans find prescription drugs unaffordable, particularly our seniors.

A recent Standard and Poor's report on the pharmaceutical industry tells us that drugmakers have historically raised prices to private consumers to compensate for the discounts they grant to managed-care customers.

Seniors in my district, Mr. Chairman, and in my colleagues' are victims of this price discrimination. When we studied this issue in my district, we

found that seniors were being forced to pay, on average, more than twice as much as the large insurance companies' clients.

Other countries are also benefiting from discounts. Other countries are benefiting from discounts far more than our country. A drug that would cost $100 in the United States costs only $76 in Canada, $67 in Britain, $47 in Sweden, and $32 in Australia. There certainly is room for equalizing prices.

Let me add the human dimension to what we are talking about, Mr. Chairman. One of my constituents, Louise Duda of Newburyport, Massachusetts, recently had a letter published in the local newspaper, the Daily News of Newburyport. It was a tragically familiar tale, one that I am sure many of my colleagues can already account in their districts.

Mrs. Duda begins her letter by saying: ''I am sitting at my desk, with an involuntary flow of tears streaming down my cheeks. My husband sits close by, silently. I am angry, distraught, and feeling extremely defenseless. Why is our Government heartless toward the most vulnerable segment of our society?''

The letter goes on in which Mrs. Duda says: ''My husband just returned from the drugstore. When I read the receipt, I felt a sense of panic and my eyes welled up. $250? This has to be a mistake. No, it is $250. But how can that be? We just paid $400 2 weeks ago. We can't keep doing this. Our income tax return bailed us out the last time. Now what? I took a quick mental inventory of our financial status. Our one credit card is maxed. Our bankruptcy prevents us from obtaining a loan. We are living paycheck to paycheck. We have overdraft, but when that's exhausted, what do we do?'' She has no aces. She has no hope, just a prayer.

Mr. Chairman, I urge our colleagues to vote on this amendment to find an answer to Louise Duda's question about what we do about lowering the cost of prescription drugs in this country. I ask that Members help support the prescription drug affordability by supporting this common sense amendment.

Mr. BILIRAKIS. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I commend the gentleman from Massachusetts (Mr. TIERNEY) for his amendment. We have spent the better part of today on a prescription drug hearing in my subcommittee and have another one scheduled for next week and one for shortly thereafter.

As the gentleman from Ohio (Mr. BROWN) knows, prescription drug problems is the forefront of what we are doing up here these days, and well it should be. Even though the agency, I think it is quite clear that their functions would include something like this, it is good that we sort of focus and highlight the need for many of these amendments, to basically instill in the agency the thought that, yes, they have got to spend some time on them.

So anyhow, we have studied this amendment and are prepared to accept it. I thank the gentleman from Massachusetts for offering it.

Mr. BROWN of Ohio. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the Tierney amendment and thank him for his efforts in a major step in dealing with the high price of prescription drugs that the gentleman from Maine (Mr. ALLEN) has worked on and the gentleman from California (Mr. WAXMAN) and the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Vermont (Mr. SANDERS) and the gentleman from Texas (Mr. TURNER) and many in this institution, the gentleman from Arkansas (Mr. BERRY), and others.

Some brief facts that I think that this agency will look at and need to look at about the price of prescription drugs: forty-three percent of the cost of research for new prescription drug products in this country are paid for by the National Institutes of Health; forty-three percent of the research dollars spent are spent by taxpayers through the National Institutes of Health.

Drug companies themselves pay only about 50 percent of all their research costs in this country in developing new prescription drugs.

In addition, this Congress has bestowed tax cuts on those drug companies for the dollars that they do spend on research and development. In turn, U.S. consumers are given the privilege of paying the highest drug prices in the world, two times, three times, four times the price that prescription drugs cost in countries like Britain and France and Germany and Japan and Israel and other countries that have a different pricing mechanism for their prescription drugs.

Some allow something called parallel importing which brings sort of an international competition in the price of prescription drugs. Others allow something called product licensing which allows generics in the marketplace to compete so that prices are not monopoly priced and are not set so high unilaterally by the drug companies.

The third point I would add, Mr. Chairman, is that one-half the drugs that are developed, the new prescription drugs developed in this country, are developed for the world market or developed outside the United States. That says when the drug companies threaten this institution, as they have repeatedly, by saying if we do anything to lower drug prices, the bill by the gentleman from Maine (Mr. ALLEN) or the bill by the gentleman from Arkansas (Mr. BERRY) or my legislation or any other, if we do anything like that, they are going to cut back on research and development dollars.

The fact is half the drugs developed around the world are developed in countries where governments have actually acted to lower prescription drug prices.

I thank the gentleman from Florida (Mr. BILIRAKIS) for his hearing today. We are going to have another hearing next Monday, which will bring forward Members of this body who are supporting and sponsors of other prescription drug legislation.

We all know the problem of high price of prescription drugs. I think the Tierney amendment will go a long way towards exploring solutions so we can in our committee move forward in dealing with the high cost of prescription drugs.

I ask for support of the Tierney amendment.

Mr. ALLEN. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I want to begin by recognizing the work of the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) on this most important issue and to thank the gentleman from Massachusetts (Mr. TIERNEY) for bringing this amendment forward.

The fact is that I believe this amendment is needed. The bill, as it stands, does allow research into the costs of health-care services and access to such services, and I agree with the chairman that conduct into the research of prescription drugs could be seen to be within that issue, but it is better to make it clear.

Therefore, the Tierney amendment, which specifically mentions the conduct of research on methods to reduce the cost to consumers to obtain prescription drugs is the right sort of amendment.

Whenever I talk to seniors in my district in Maine, the subject of prescription drugs comes up and particularly the high cost of prescription drugs. Seniors are not the only ones affected, however. The fact is that the most profitable industry in the country, which is the pharmaceutical industry, is charging the highest prices in the world to those people who can least afford it in this country; and those people are seniors and others without prescription drug coverage.

Seniors make up 12 percent of the population, but they buy 33 percent of all prescription drugs. Spending on prescription drugs in this country is going up at the rate of 15 percent every single year.

We are dealing with an issue that is of immediate importance to men and women all across this country who thought, when they retired, they would be able to figure out how to get by. But now they find that their next trip to the doctor may leave them unable to pay the electric light bill or the rent or to buy food.

This is a burning issue for America's seniors, 37 percent of whom have no prescription drug coverage at all, and a significant additional portion do not have adequate, reliable coverage.

In the midst of all of this, the pharmaceutical industry is running a national TV campaign to try to stop any reform, to try to prevent a benefit under Medicare and to stop the kind of discount that I and others here have been urging.

This is an important issue. We need to do research. We need to figure out why prices in this country for people least able to afford it are the highest in the world. That is an appropriate area of research. Therefore, I rise to support the Tierney amendment.

Mr. GREEN of Texas. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the Tierney amendment; but, first, I want to thank both the chairmen of our Subcommittee on Health and Environment and Committee on Commerce for the hearing today and also the commitment over the next few weeks to deal with this issue, at least through the committee process, and also the gentleman from Ohio (Mr. BROWN), the ranking member.

□ 1600

This is one of the most important issues I think that Congress is facing, is how to provide prescription drugs at an affordable price to the people who need them most, our senior citizens.

Several bills have been introduced to achieve this goal, but each has been met by critics who claim they are either inadequate, too costly, or unfair price controls. In fact, I am a cosponsor of the Allan-Turner, et al. bill that we had that my colleague from Maine talked about.

In fact, to follow up on his, I have seen the Flo advertisements on TV, and I have a little concern. I want to make sure people in our country realize who is paying for that multimillion dollar campaign on TV. It is the pharmaceutical and drug companies. Because, obviously, they do not pay for that ad on TV in Canada or Mexico, where constituents in my district may have to go, oftentimes, driving 6 hours to Mexico to get their drug prescriptions at a cost they can afford. The Tierney amendment may help provide some answers to the concerns on affordability and which method would truly meet the needs of seniors.

The fact is our Nation's health care system has dramatically evolved over the past 10 to 20 years to the point that prescription drugs are not only a major component of the health care system, but they can be critical to an individual's survival. Everyone agrees we need to find a way to make prescription drugs more affordable to seniors, who are least able to afford them but who need them the most.

Seniors are being forced to choose between buying food or their prescription medications or even postponing taking their prescription medications. Instead of taking them one a day, as prescribed, they may take them every other day just because they cannot afford them.

Because Medicare does not cover prescription drugs, so many seniors, 37 percent according to the GAO, but I think in my district it is much higher, do not have any prescription drug coverage and may incur these expenditures out-of-pocket. Worse yet, many of these beneficiaries have very limited coverage that do not even come close to meeting their medical needs.

While I am sensitive to the need for drug manufacturers to make profits on their drugs, it is unacceptable that the bulk of these profits are made on sales to people who can least afford to pay those prices. Discounts are available to HMOs, to the U.S. Government, to hospitals, and even foreign countries, but seniors are forced to pay the full price. That is just not right, and something needs to be done to correct it.

This amendment will give an important agency the opportunity to look at these issues and answer some of the questions surrounding them. Everyone knows this is a complex and difficult problem to solve. However, sitting back and doing nothing is not an acceptable option. Today, not only with this amendment, with this study, but also with what the Subcommittee on Health and Environment of the Committee on Commerce is doing, we are moving forward on it.

As new drugs are developed and approved, the access gap to these potential life-saving treatments are only widened. This amendment is reasonable and sensible, and I am glad to be a cosponsor of not only this bill but also the Turner-Allan bill that will provide a solution to this problem. Support for this amendment is important to research and study methods and practices.

Mr. LUTHER. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, first of all, let me thank the gentleman from Massachusetts (Mr. TIERNEY) for bringing this amendment forward. I think he does us a great service in this body.

We have entered a remarkable period in our Nation's history. Never before have we had so many life-enhancing prescription drugs. Yet, let us face the facts. These remarkable achievements are today overshadowed by the exorbitantly high prices consumers in America are being required to pay for these prescription drugs.

This is why I rise in support of the Tierney amendment. This amendment would expressly direct this agency, an important agency, to address this issue, an issue that is perhaps the most important issue we face in health care today. It would require that agency to recommend ways to make drugs more affordable for American consumers.

Mr. Chairman, earlier this year, I requested a study on comparative drug prices in my home district in Minnesota. The report was issued in March of this year, and the results were astonishing. The report showed that the average retail prices for the five best selling drugs for older Americans in Minnesota are more than twice as high as the prices that drug companies charge their most favored customers. For one drug, Minnesotans actually paid a price 15 times higher than the price enjoyed by preferred customers. This does not just impact senior citizens, it affects all American consumers who do not have prescription drug coverage today.

This type of unfairness needs to be addressed, and that is exactly what this amendment does. It does not dictate policy or set up a new layer of bureaucracy, it simply directs that we look at ways to create fairness and to help American consumers afford the cost of these wonder drugs that are available today. I urge Members to support this amendment.

Mr. MCGOVERN. Mr. Chairman, I rise today in support of the amendment offered by my good friend JOHN TIERNEY instructing the Agency on Health Research and Quality to study methods of reducing the costs of prescription drugs to consumers. This is an important study in light of the focus on a Medicare prescription drug benefit, as well as the increase in pharmaceutical productions.

Prescription drugs are an important means of providing healthcare in an outpatient setting. However, the costs of these drugs are too high. Earlier this summer, I commissioned a study to specifically examine the cost of prescription drugs in the Worcester/Attleboro/Fall River, Massachusetts area. This was the first and only study of its kind examining drug prices in Central Massachusetts. The results were alarming.

On average, seniors get more than eighteen prescriptions filled each year. I was shocked to learn that uninsured seniors in my district—those without any prescription drug benefit—pay 136% more for their prescription drugs than the drug companies most favored customers. This means that if a most favored customer pays ten dollars for a prescription, the uninsured senior in my district will pay twenty-three dollars and sixty cents for that same prescription. It is unconscionable that people who can least afford to pay these high costs are being gouged by the drug companies in the name of profits and I am sickened that seniors in my district, and across the country, are forced to choose between buying groceries and medicine.

Our top priority must be a prescription drug benefit. However, this amendment is a first step in this Congress acknowledging that drug prices are too high for uninsured seniors. I support President Clinton's efforts to implement a prescription drug benefit. I also support Congressman TOM ALLEN's bill to end price discrimination by the drug companies. Together, these efforts will lower prescription drug prices and allow seniors to buy both food and medicine. We must continue to raise awareness of the need for affordable prescription drugs, at least until this Congress is able to pass a comprehensive prescription drug benefit. I urge the adoption of this important study.

Mr. BERRY. Mr. Chairman, I rise today in support of the Tierney amendment and to talk, once again, about the affordability of prescription drugs.

We have all gone back to our districts and have heard from our constituents, especially

seniors, that they cannot afford the prescription drugs they need, often to stay alive.

When I hold meetings in the 1st Congressional District of Arkansas, I hear about two issues and that's the agriculture crisis and the high cost of prescription drugs, especially for seniors.

I also get letters from Arkansas seniors who tell me everyday they can't afford to pay for all their needs, specifically, all their medicine and their food.

Seniors all over this country are not following their doctors' orders. Some of them have been given prescriptions which they cannot afford to fill. Others have filled prescriptions which they cannot afford to take as directed.

Because they cannot pay the rent, pay the electrical bills, buy food and take very expensive prescription drugs, they either stop taking them, or they take less than what is prescribed by their doctor.

They are doing things that in the long run are harmful to their health.

I find it amazing that we tell our seniors they can live longer if they take this pill and that pill, but then if they can't afford their medication that keeps them alive, we don't do anything about it.

Thousands of consumers, especially seniors have found themselves affected by the price of prescription drugs in this country.

Seniors and other Americans go to Canada and Mexico because prescription drugs in these countries cost much less than in the United States.

In my District in Arkansas, seniors paid 81% and 72% more, respectively, for the 10 prescription drugs they most commonly use than their elderly counterparts in Canada.

I have introduced legislation, with Representatives EMERSON and SANDERS, the International Prescription Drug Parity Act, that amends the Food, Drug, and Cosmetic Act to allow American distributors and pharmacists to reimport prescription drugs into the U.S. as long as the drugs meet strict safety standards.

This will allow American pharmacies and distributors to benefit by purchasing their drugs at lower prices, which they can pass along to American consumers.

Mr. Chairman, the bottom line is, consumers should not have to choose between food and medicine.

I urge all members of this body to vote for the Tierney amendment.

The CHAIRMAN pro tempore (Mr. QUINN). The question is on the amendment offered by the gentleman from Massachusetts (Mr. TIERNEY).

The amendment was agreed to.

AMENDMENT NO. 11 OFFERED BY MR. TIERNEY

Mr. TIERNEY. Mr. Chairman, I offer an amendment, amendment No. 11.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 11 offered by Mr. TIERNEY:

Page 13, after line 5, insert the following subsection:

''(d) STUDIES OF METHODS TO IMPROVE ACCESS TO HEALTH SERVICE.—The Director shall conduct, and shall provide scientific and technical support for private and public efforts to conduct, studies of the organization, delivery, and financing of health services in order to determine the cost and quality effects of various methods of substantially increasing the number of individuals in the United States who have access to health services. Such studies shall include a study to determine the impact of a single payer insurance coverage program on health expenditures in the United States during the fiscal years 2000 through 2007 compared to the projected impact of the current system on health expenditures in the United States during such period.''

Mr. TIERNEY. Mr. Chairman, this particular amendment is going to request that the director conduct and provide scientific and technical support for the private and public efforts to conduct studies of the organization, delivery and financing of health services in order to determine the cost and quality effects of various methods of substantially increasing the number of individuals in the United States who have access to health services.

Mr. Chairman, those studies should include a study to determine the impact of a single-payer insurance coverage program on health expenditures in this country during the fiscal years 2000 to 2007 compared to the projected impact of the current system on health expenditures in the United States during that period.

Mr. Chairman, simply put, I bring this amendment forward for the gentleman from Washington (Mr. MCDERMOTT), the gentleman from Vermont (Mr. SANDERS), the gentlewoman from Wisconsin (Ms. BALDWIN), as well as myself. What we seek to do is to make more explicit one of the duties that the agency is already charged with, and that is the duty to study ways of increasing access to health services.

We have a situation in this country where there are estimates of 43 million Americans without health insurance coverage. Of those numbers, 11 million are said to be children. The balance of those people are adults, the majority of whom are working adults. This is simply a situation that is intolerable, Mr. Chairman, and it is about time that we started to look at the reasons why that is so and what we can do about changing that dynamic and making sure that all Americans have access to affordable health care.

As a former small business president of the Chamber of Commerce and someone who deals often with small businesses, I can tell my colleagues that there has been a change of mind amongst many people in the small business industry. They, at one time, were listening to the larger national organizations and international organizations about how terrible it would be if we had universal health care. Now they are seeing the alternative of what happens under the current system. They see the number of people that are uncovered, and they realize that the premiums they are paying to cover their employees and their own families are increased by virtue of the fact that those premiums are also covering the 43 million Americans who have no coverage.

That has to be paid for somewhere. Those people do get health care. They unfortunately get it when it is later on in their situation, when the situation is more critical, when treatment is more expensive, and now we need to know why that is so. Now we need to know why we cannot cover everybody.

I think it has come around to providers, whether they be doctors or nurses or others. It has come around to hospitals, to CEOs who I have talked to, as well as business people and consumer groups. We need to look at a more effective health care system in this country.

It is more than enough to say that we have a problem. It is time to do something. And when we talk about some of the immediate solutions, and my colleagues have heard as well as I have that we need to put more money back into community hospitals, particularly teaching hospitals because of the cuts in the 1997 Balanced Budget Act, and that is so.

The estimates were that we were going to cut $112 billion and that we were then going to be able to take care of fraud and abuse and get preventive services, and that was going to help it be more affordable. The fact of the matter is, that estimate was overshot. Some $200 billion is estimated to have been squeezed, and those hospitals and home care providers and others do need some money to be put back in. But to just put money back in would be a temporary fix. The system is broken. It is not working. We are not covering everybody. And if we do not cover everybody, we cannot control the cost and cannot make sure that we provide good quality services to everyone.

What this bill will do, Mr. Chairman, is to get this agency to do a study and to compare it to what we have now. What will improve the cost situation. More importantly, what will improve the accessibility and the affordability issues.

Now, among those things we asked to be studied is the single-payer system. That is one option. In no way does my amendment say that that is all we should study or that we should predetermine that is exactly where we have to go. It is a proposal that I think has considerable merit. The Massachusetts Medical Association had two independent studies done, and not to the surprise of many, it came back saying the single-payer system would have been a better system if applied in Massachusetts over the next 8 years. It would save money, it would cover more people in that State, it would provide them better services.

We should find out if that is so for all the States in this country. We should find out if we should have a single-payer system or some other form of universal health care. We should balance and measure those systems against each other and how they will do. And then we should measure it against the current system to find out what would be best.

MODIFICATION TO AMENDMENT NO. 11 OFFERED BY MR. TIERNEY

Mr. TIERNEY. Mr. Chairman, some people are concerned about the language because they thought my amendment was simply saying that we would study only single-payer, but, in fact, we have looked at some language and I am more than happy to ask for unanimous consent that my amendment be modified in accordance with the modification that has been sent to the desk which says that the study shall include an examination of the financial impacts of a range of health care reform proposals to include, but not be limited to, a single-payer insurance program compared to the current system across an 8-year period beginning in fiscal year 2000.

The CHAIRMAN pro tempore. The Clerk will report the modification.

The Clerk read as follows:

Modification to amendment No. 11 offered by Mr. TIERNEY:

The second sentence of the amendment is modified to read as follows: ''Such studies shall include an examination of the financial impacts of a range of health reform proposals to include, but not be limited to, a single payor insurance program compared to the current system across an eight-year period beginning in fiscal year 2000.''

The CHAIRMAN pro tempore. Is there objection to the modification offered by the gentleman from Massachusetts?

There was no objection.

Mr. BILIRAKIS. Mr. Chairman, I rise in support of the amendment, as modified.

Mr. TIERNEY. Mr. Chairman, will the gentleman yield?

Mr. BILIRAKIS. I yield to the gentleman from Massachusetts.

Mr. TIERNEY. Mr. Chairman, I thank the gentleman very much for that courtesy. I simply wanted to reiterate the point that we must study all the available reforms on that, and this, of course, is one important one.

Mr. BILIRAKIS. Mr. Chairman, reclaiming my time, we are not in disagreement, as far as that area is concerned. We have studied the amendment and have talked with the gentleman and talked with the gentleman's staff, and we accept the amendment, as modified, and do not object to it.

Ms. LEE. Mr. Chairman, I move to strike the last word.

I want to thank my colleague from Massachusetts for offering this amendment, and I rise in strong support of the Tierney amendment to authorize studies or methods to improve access to health services. While serving in the California legislature, I had the opportunity to work on similar legislation. I am proud to say that the bill was passed by the California legislature and is now before the governor for his signature.

This Nation, as well as my home State of California, really needs the study, and also the California study, because of the profound failures of the present system. By now we have had 5 years of experience of depending on the private sector for the delivery of our health care, 5 years of knowing intimately that a market-driven health care system leaves more and more people frustrated, angry, and sick.

I also carried managed care bills while I was in the California legislature. I authored many of them. And I want to say that people are becoming increasingly more disappointed with the outcome of these managed care approaches. They are frustrated because medical decisions about operations, about how long to be hospitalized, about which illnesses are to be treated and by whom, crucial medical decisions are being made each and every day, each and every moment by accountants and executives of managed care companies who earn fortunes by denying medical care to their subscribers.

The statistics on what CEOs are making are staggering and should make us really squirm in shame. These are profits at the expense of our right to live or our right to be as healthy as we can be. Now, simultaneously, we have had 5 years of a market-driven health care system which leaves more and more Americans uninsured. At last count we were at about 45 million, increasing at the rate of 1 million uninsured people a year.

□ 1615

Are these health care companies with their immense profits working to raise our knowledge and our standards of health care? Are they helping us to understand that an ounce of prevention is really worth a pound of cure? Sadly, it appears not.

What has the industry done in these 5 years? Are they controlling health care costs? Sadly, again, it appears not. Health care premiums are once again rising.

For example, the health care industry has spent millions successfully lobbying so far to defeat the Patients' Bill of Rights. Health insurance companies have had the gall recently to propose $60 billion in new Federal programs to subsidize insurance for 28 out of the 45 million uninsured Americans.

The current efforts to expand Medicare to cover prescription drugs, which, of course, I support, is now motivating, however, the health insurance industry to compete with the pharmaceutical companies by insisting that the uninsured should come before those needing prescription drugs.

So to pit one group of Americans against those who need health care versus another group who needs health care to me is just basically wrong.

Mr. Chairman, I am convinced that as long as profits provide the driving force in the health care industry, we will fall way short of providing health care, affordable and accessible health care, for all.

For instance, recent studies show that for-profit hospitals drive up Medicare costs in general as a group. In another study, for-profit health plans perform worse than nonprofits in providing preventive health care. One study concluded that if all American women were enrolled in for-profit HMOs instead of nonprofits, over 5,900 more women would die from breast cancer each year due to lower rates of mammography.

This Nation spends more money per person on health care than any other industrialized country. Yet, in 1997, Newsweek reported that current figures for longevity projections for the year 2050 for African-Americans will be less than the longevity of all other ethnic groups.

Could that be because our health care dollars are not going for health care for all based on an equitable basis but going into the ever deeper and ever hungrier pockets of the top echelons of those health care insurance companies?

Georgetown University Medical Center reported this February that their study together with Rand Corporation and the University of Pennsylvania indicated that African-Americans and women with chest pain would be referred for cardiac catheretization at 60 percent of those of whites and men. This disparity was most dramatic for black women, where odds of being referred were 40 percent of those of white men. This is really a shame.

We need to get out of the competition by profit-making companies for our meager health dollars. We need to know that other ways are possible. For instance, we do need to know how much a single-payer system costs. We do need to know how much provision of universal health care without profits for insurance companies would cost. We need this information provided in the Tierney amendment.

I urge my colleagues to support the amendment.

Ms. BALDWIN. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, the Tierney amendment is a worthwhile step toward what must be a larger goal.

As we approach the new millennium, Mr. Chairman, the United States is still the only country in the industrialized world that does not offer comprehensive affordable health care to all of its citizens. This, Mr. Chairman, is unconscionable, it is untenable, and it is wrong.

As we reach the closing days of the 20th century, 43 million Americans have no health care coverage at all. In this wondrous century, we have put astronauts on the moon, we have created a global village united by computer technology, we have perfected travel from one end of the world to the other in mere hours, and yet 43 million of us cannot afford or cannot get health care insurance.

Most of those people have jobs. But increasingly they work in small businesses or in the service sectors that either do not cover employees or require them to pay so much for health insurance that they simply cannot afford it.

There are millions more Americans who are under-insured who have health insurance but would be at risk of having to spend more than 10 percent of their income on health care bills in the event of a catastrophic illness. And there are tens of millions of Americans who have lost faith in the system, lost faith that comprehensive quality health care will be available to them without a struggle when they need it, where they need it, and from whom they want it. And these numbers continue to rise.

The National Coalition on Health Care, a bipartisan group headed by former Presidents Bush, Carter, and Ford, put out its latest report on the erosion of health insurance coverage in the United States, which found that even if the rosy economic conditions prevalent since 1992 prevail for another decade, one in five Americans will be uninsured in 2009. Should a recession occur, that number is likely to jump as far as one in four.

Mr. Chairman, it is time to put health care for all at the top of our national agenda. Many people have called for it. Many more believe it should happen.

Mr. Chairman, universal health care will never happen until we create the national will to make it so. Let us begin.

American medicine is the best in the world. Of that there is no doubt. And yet our nursing teams are understaffed, underpaid, and overworked. Our health care costs continue to rise at twice the rate of inflation. Today's one-trillion-dollar system will double in cost to $2 trillion in the next decade. This will adversely affect our economy, the deficit, the Nation's small businesses, and the middle class's standard of living.

Universal health care will actually lower health costs by providing less expensive preventative health care and treating illnesses before they become more complex and costly.

It was just a year ago that I traveled around my district telling the voters of Wisconsin's second district that I wanted to go to Congress to re-ignite the national debate on health care. One reporter even called me from a prominent paper on the East Coast to talk about the campaign. I asked, Why are you interested in a race so far away? He said, Because you are one of the few candidates anywhere who is willing to talk about health care for all. It is a hot potato that no one wants to touch.

Well, my constituents did not just touch it, Mr. Chairman. They embraced it. The voters in my district are tired of hearing, we cannot. The voters in my district reject the cynicism, the naysayers, the keepers of the status quo. The voters in my district posed the same question to this Congress that I posed during my campaign: If you are not for health care for all, then who would you leave behind? And if you agree that everyone should have access to affordable quality health care, then let us talk about the best way to achieve it.

It is time to begin.

Mr. FRANK of Massachusetts. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I congratulate the sponsors of this amendment for bringing it forward. The lack of an adequate universal health care system is one of the gravest defects in public policy in America.

Now, there are many of us who are in favor of it on equitable grounds. I am going to take that segment for granted in my comments and talk to those on the more conservative side, the people in positions of responsibility, the financial community, and try to explain to them why I believe it is very much in their interest to get behind what we hope will be the first step in leading to the establishment of a universal health care system and would I say a single-payer health care system.

By the way, for those who raise questions about the feasibility of a single-payer health care system, let us talk about one which we have had in this country for over 30 years. It is called Medicare. Medicare is a universal single-payer health care system if they are over 65. And those who think it is a bad idea, go tell the recipients of Medicare that they are going to abolish it and let them go back to other ways and I think they will find a great deal of negative response.

Indeed, one of the great mistakes this Congress made in 1997 was to cut Medicare. Exactly how it happened, I do not know. Because so many people who were for cutting Medicare in 1997 are so vehemently against it now that I think there was something in the air, that people were, like, absent but voting because they did not know what they did.

But here is the argument for going further. In 1993, when the President put forward a health care plan, we were told, well, look, most people get health care and we are solving this problem through our current system. In fact, the opposite has been the case. People have been losing health care. They are losing it, in part, because of the international competitive situation. Holding down the costs to employers, particularly in manufacturing, has become a major factor worldwide.

Alan Greenspan a couple of months ago gave a speech in which he lamented the fact that the former national consensus for free trade had eroded and he complained that so many people today are not for tree trade anymore. And he said, I understand how some people get hurt, that some people who do not have access to the skills in information technology will lose their job in the short-run, but we should not let our inability to help them keep us from going forward with globalization.

Well, the fact is that we do not have an inability to help them, we have an unwillingness, because this very wealthy Nation clearly has the resources.

One of the single best things that people should understand, and here is what I want to address, conservatives, people who believe in globalization, people who want China in the WTO, people who want to go forward with Fast Track authority, who want a new round in Seattle to lead to further trade reductions, we are not going to get that until we have satisfied working people in America that they will not be unfairly disadvantaged.

And one of the biggest problems they have, I think the single biggest problem now is, when they lose their jobs, they lose their health care; and when they get new jobs, having lost their jobs, they may well get a job without health care. Because with the lower paying jobs, the service jobs, it is not simply a reduction in income that people face when they lose a manufacturing job and go into another industry, they may very well not have health care.

The insecurities that people in this country feel because of our patchwork health care system and the absence of a reliable universal health care system, I think it should be single-payer, but the reliance of that, the knowledge that losing their job could mean losing their health care for them and their family, their children, their spouse, that is one of the biggest obstacles to the support these people are looking for for globalization.

So Mr. Greenspan is right to acknowledge that many of us are unwilling to go forward with the process of globalization if it is going to hurt some of the people at the lower end economically, but he is wrong to say that the reason we are not helping them is that it is an inability.

There used to be a problem, we thought, 10 years ago. We thought we were spending too much on health care. We said the American economy was stagnating because we were spending too much on health care. We now are clearly the best performing economy in the world. The fact that our health care expenditures per capita are higher than in some other places is obviously not an economic problem.

We face a moral problem in condemning people to inadequate care. But they also, I have to say to the establishment and financial community, must understand that there is going to have to be a trade-off. And if people want to reverse the move away from support for globalization internationally, those who believe that is very much in our interest economically have to understand that social equity is going to have to be part of that deal. And they are not going to go forward with the kind of economic global integration they want to see until they do a number of things, and one of them is the provision of a universal health care system.

So, as I said, I know we got some votes for equity. But fairness is not enough to win. We are in a trade-off situation. And if we look at the Congresses of the past few years, we have

had increasing contention over American support for the international financial institutions, American support for reductions in tariffs. That will get worse rather than better as long as we get a refusal to recognize the legitimate claims of American workers for a universal health care system.

Mr. TRAFICANT. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, we begin to talk about the economic principles that have probably caused the inability to provide it. I agree with the previous speaker that it is probably more willingness.

Until we take the major costs off American corporations, they will continue to leave our country and we will continue to struggle and lose our manufacturing base.

I think it is time, though, that while we are talking about the symptoms that we should start addressing the root causes and problems. It is time to take a look at the progressive income tax, the burdensome cost of compliance, and the negative economic competition globally that it places us in.

We are now beginning to talk about the reasons why we cannot perform many of the deeds our constituents believe we should be addressing, and we will never do it with the complicated Tax Code that we have in place.

□ 1630

We reward companies for leaving. We reward imports. We kill exports. And then we talk about trade and then we talk about universal health care. Well, there will be no universal health care, there will be no improvement to the health care system until we change a tax code that rewards competitive imbalance overseas and negates America's opportunity to provide these programs. But it is interesting to see it. It is not an inability. It is not an unwillingness. It is a tax code that simply makes it almost impossible to provide this type of competitive program. We should get rid of it.

Ms. SCHAKOWSKY. Mr. Chairman, I move to strike the requisite number of words.

I want to thank the gentleman from Massachusetts for this amendment which I strongly support. Like my colleague from Wisconsin, in large part I wanted to come to this body to address the issue of health care, the crisis that so many families face, those that have insurance but find it inadequate, those that lose their jobs and lose their insurance, those that have no insurance and have no hope of affording it.

I just wanted to read a letter from a constituent. This is typical. This is one of many. It is an e-mail I got the other day that says,

The cost of health care is killing me. I'm self-employed and the cost of medical insurance for my family of three is about $9,000 a year. That's with high deductibles. That means we also have to pay several thousands of dollars a year in medical bills. These costs are getting out of control. I don't believe that private insurance or even HMOs are the answer anymore. I think it's time for a single-payer insurance system backed by the Federal Government. I would appreciate your working with others in Congress to start moving in this direction.

And so I rise to support an amendment that I think does move us at least in the direction of exploring how we can answer this gentleman who wrote on behalf of his family. Five years ago, we failed to pass comprehensive health reform and instead we left it to the for-profit health insurance industry to make critical decisions: whom to cover, what to cover and what to charge. Today what do we have? More uninsured Americans, more underinsured Americans, more American families struggling to pay premiums and medical costs that are increasingly unaffordable.

The gentleman's amendment is needed for four reasons. First, we must act now to provide health insurance to the uninsured. It is embarrassing, 44.3 million people now lacking any health coverage in this the wealthiest Nation in the world, a 1.7 million jump from the year before. Eleven million of these people are children. In my State nearly one of eight are uninsured and the numbers keep growing.

According to an AFL-CIO study, 8 million fewer Americans in working families have employer-based coverage now than in 1989. If that erosion continues, the study concluded that 12.5 million more people would lose coverage over the next 5 years.

And, second, we need to act to improve coverage for the poorly insured. Millions of insured Americans lack coverage for critical benefits. That includes 13 million senior citizens who lack prescription drug coverage as well as families who lack access to mental health services, rehab therapy, long-term care and other important services. Even if they have an insurance card, they are still effectively uninsured for services if their policies do not cover the services they need.

Third, we must act to lower health care costs for individuals and families as well as for our Nation. High insurance premiums and out-of-pocket costs present insurmountable barriers blocking access to needed care. A recent Commonwealth Foundation survey found that 40 million people went without needed medical care because they could not afford it and another 40 million said they did not have enough money to pay their medical bills.

Finally, we pay a high price for not guaranteeing access to needed medical care. We pay a high price. Lack of insurance, inadequate insurance and high costs keep millions of Americans from getting the health care that they need. There is a cost to the individuals and families who cannot get care and as a result suffer from illnesses and conditions that could be prevented. There is the cost to society, to all of us, from lost wages and productivity from those who cannot work because of the preventable injuries or who cannot work because the job does not provide coverage. And there is the cost of paying for expensive illnesses and emergency care that could have been avoided through a more rational approach to health care.

This amendment moves us in the right direction. I urge my colleagues to act now to pass it.

Mr. STARK. Mr. Chairman, I rise in support of Representative TIERNEY's amendment to require the Agency for Health Research and Quality to conduct a study about the effect of universal health care and other access expansions on health quality and costs.

The U.S. is the only industrialized nation that fails to provide universal health coverage for our citizens—and yet we continue to spend more on health than any of those nations.

A key factor impacting our nation's health expenditures is that we have 43 million Americans left out of our system whom we are covering in the most expensive manner—through emergency rooms, late in their illnesses, and often without the benefit of appropriate prescription drugs since many of these people cannot afford them.

It is time for Congress to return to the vitally important issue of expanding health insurance coverage. There are viable means to achieve that goal.

The most direct routes to providing universal coverage would be to enact a single payer system or to expand Medicare coverage to everyone. There are other more incremental approaches which would also move us in the right direction:

We could use a tax credit approach, like that I have authored in HR 2185, the Health Insurance for Americans Act.

We could expand Medicare coverage to persons aged 55–64 under HR 2228, The Medicare Early Access Act, which is supported by many of my colleagues and the Administration.

We could expand Medicare to children—creating a much more effective coverage policy than the State Children's Health Insurance Program, which continues to leave millions of our nation's children without coverage. That could become an avenue leading to Medicare for all.

I urge support of the Tierney amendment which, if passed, would provide us with further evidence for moving forward to expand health insurance in our country. That is a debate to which Congress must return.

The CHAIRMAN pro tempore (Mr. QUINN). The question is on the amendment, as modified, offered by the gentleman from Massachusetts (Mr. TIERNEY).

The amendment, as modified, was agreed to.

AMENDMENT NO. 21 OFFERED BY MR. STEARNS

Mr. STEARNS. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 21 offered by Mr. STEARNS:

Page 21, after line 8, insert the following subsection:

''(d) CERTAIN TECHNOLOGIES AND PRACTICES REGARDING SURVIVAL RATES FOR CARDIAC ARREST.—In carrying out subsection (a) with

respect to innovations in health care technologies and clinical practice, the Director shall, in consultation with appropriate public and private entities, develop recommendations regarding the placement of automatic external defibrillators in Federal buildings as a means of improving the survival rates of individuals who experience cardiac arrest in such buildings, including recommendations on training, maintenance, and medical oversight, and on coordinating with the system for emergency medical services.''

Mr. STEARNS. Mr. Chairman, I would first like to say that I support H.R. 2506, to reauthorize the Agency for Health Care Policy and Research, I guess it is called the Health Care Quality Agency. This agency is an invaluable resource because the outcomes of research it provides improves the quality of health care for all of us.

Under this reauthorization, the new agency would refocus and its responsibilities would be to promote quality by sharing information, building public-private partnerships, providing cost and quality care reports on an annual basis, supporting new technologies, and assisting in providing access to those in underserved areas.

Mr. Chairman, the amendment I am offering adds a new section to section 916 entitled ''Certain Technologies and Practices Regarding Survival Rates for Cardiac Arrest.'' By adding this language, we are merely attempting to point out how valuable we believe automatic external defibrillators are, AEDs, to saving the lives of individuals who experience cardiac arrest. We are asking the Director to develop recommendations regarding the placement of AEDs in Federal buildings.

Mr. Chairman, more than 1,000 Americans each and every day suffer from cardiac arrest. Of those, more than 95 percent die. That is unacceptable, because we have the means at our disposal to change those statistics. Studies show that 250 lives can be saved each and every day from cardiac arrest by using automatic external defibrillators, AEDs. Those are the kinds of statistics that nobody can argue with.

The AEDs which are produced today are easier to use and require just absolutely minimal training to use and operate. They are also easier to maintain and they cost less. This affords a wider range of emergency personnel to be trained and equipped.

One of the goals of this agency is to enhance the quality of health care. My amendment would help achieve this by directing the agency to develop recommendations for public access to defibrillation programs in Federal buildings in order to improve the survival rates of people who suffer cardiac arrest in Federal facilities. The programs should include training security personnel and other expected users in the use of AEDs, notifying local emergency medical services of the placement of the AED, and ensuring proper medical oversight and proper maintenance of the device.

My reason for offering this amendment highlights that it is possible to prevent thousands of people suffering sudden cardiac arrest from dying by making the equipment and trained personnel available at the scene of such emergencies.

I am hopeful that we can pass my bill in a larger sense which I have 66 cosponsors, H.R. 2498, the Cardiac Arrest Survival Act, in its entirety in the 106th Congress. My bill directs the Secretary of Health and Human Services to develop recommendations for public access to defibrillation programs in Federal buildings.

The bill I introduced in this Congress differs from previous versions which primarily sought to encourage State action to promote public access to defibrillation. The States have responded to this call and many have passed legislation, over 40 States have since done it, to promote training and access to AEDs. So I think it is time for the Federal Government to catch up with the vast majority of our States and pass the legislation.

Mr. Chairman, I hope the amendment I offered, which is fairly innocuous, will be passed and accepted by the gentleman from Florida.

Mr. BILIRAKIS. Mr. Chairman, will the gentleman yield?

Mr. STEARNS. I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Chairman, I appreciate the gentleman yielding. I want to commend the gentleman. He has been very vocal on this, on the use of AEDs and of their great value to us on an everyday basis in committee. Of course his amendment is very helpful because again even though the general scope on functions of the agency would and could include these, it is another case of focusing attention, if you will, to it. We have had the opportunity to review the amendment and do accept it.

Mr. BROWN of Ohio. Mr. Chairman, I rise in support of the Stearns amendment. I believe his amendment will take a major step in saving the lives of people that have heart attacks in public buildings and in other places.

I would also use this amendment briefly as an opportunity to talk for just one moment, Mr. Chairman, about cardiopulmonary resuscitation. Last week was National CPR Week. I have a resolution that I have introduced to encourage people around the country to get CPR training. Only 2 percent of Americans are trained in CPR. It would save literally tens if not hundreds of thousands of lives, both the recommendation that the gentleman from Florida (Mr. STEARNS) has and CPR training.

I urge my colleagues to think about taking that training and especially to talk about it at home when there are training sessions given by hospitals, by the Heart Association and by other organizations. I commend the gentleman from Florida (Mr. STEARNS) for his interest in this issue broadly and specifically and ask for the House support for the Stearns amendment.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from Florida (Mr. STEARNS).

The amendment was agreed to.

Mr. VENTO. Mr. Chairman, I move to strike the last word.

(Mr. VENTO asked and was given permission to revise and extend his remarks.)

Mr. VENTO. Mr. Chairman, I rise to engage the distinguished subcommittee chairman from Florida and the ranking subcommittee member from Ohio in a colloquy.

A recent series of articles in my hometown paper, the St. Paul Pioneer Press in Minnesota, highlighted a disturbing incidence nationwide of patient fatalities and injuries due to hospital errors which I will insert in the RECORD under General Leave.

The most comprehensive study conducted by Harvard medical researchers found that the hospital mistakes caused the death of one of every 200 patients admitted to hospitals. This provocative study also estimates that 1 million patients are injured by errors during hospital treatment each year. Alarmingly, some experts think official estimates of the medical errors may be understated as some cases go unreported. Most of us are very concerned about this new report.

In section 912, part C, in my reading it is intended for the Agency for Health Research and Quality to include in its research a specific report on the number of hospital errors which result in patient injury and death.

Two questions I have for my colleagues who are managing this measure: Is it intended that the agency will be reporting its findings to Congress? And is it possible that the report will include specific findings from State to State on the number of hospital errors which result in patient injury and death?

Mr. BROWN of Ohio. Mr. Chairman, will the gentleman yield?

Mr. VENTO. I yield to the gentleman from Ohio.

Mr. BROWN of Ohio. I thank the gentleman from Minnesota for bringing this issue in front of the House. It is extraordinarily important. I think we all need to know more about it. That is something that perhaps our committee can consider. Certainly this Congress should. But specifically now clearly the agency should do that.

In section 924 of the bill, it specifically says the information shall be promptly made available to the public, this data developed in such research demonstration projects and evaluations. They will do that. We have a great interest that they do.

Mr. BILIRAKIS. Mr. Chairman, will the gentleman yield?

Mr. VENTO. I yield to the gentleman from Florida. I appreciate the gentleman's guidance.

Mr. BILIRAKIS. Mr. Chairman, I, too, commend the gentleman for bringing it to our attention. Obviously I

think we would all agree that any intelligent reading would indicate that the scope and the general function of the agency would be to include something like this. Again it is important to focus some of these and to red-flag them, if you will, for the agency.

The gentleman from Ohio mentioned section 924. Certainly section 912(c), Reducing Errors in Medicine, and I will not repeat that, goes into that. Then you can go into Information on Quality and Cost of Care, section 913, subparagraph 2, I guess it is, Annual Report, and it refers to an annual report. I would say that it is intended the agency will report its findings to the Congress.

And the second question when you talk about State to State, logically it would seem that that information would be accumulated by them on a State to State basis and thus reported from that standpoint. I honestly do not know why that would be a problem. So is it possible? I would say it is very possible.

□ 1645

Mr. VENTO. Mr. Chairman, I thank the subcommittee chairman and ranking member. Obviously this sort of study is of great concern. I am sure we want to know the accuracy of it and the circumstances that are arising out of it to build the type of quality and objectives that are broadly stated in this bill which I will revise and extend in support of under general leave and will put this article in the paper. I appreciate the chairman, the subcommittee chairman, and ranking member's interest and cooperation with regard to this measure.

[From the Knight Ridder News Service, Sept. 24, 1999]

HOSPITAL ERRORS KILL THOUSANDS OF PATIENTS EACH YEAR

(By Andrea Gerlin)

The Medical College of Pennsylvania Hospital is a typical teaching hospital. It is known for cutting-edge research programs, for training medical students and newly graduated doctors, and for providing advanced medical care.

It is also representative of modern American hospitals in another respect: In the last decade alone, records show, hundreds of MCP Hospital patients have been seriously injured, and at least 66 have died after medical mistakes.

The hospital's internal records cite 598 incidents reported by medical professionals to the hospital administration in the past decade. In some of those cases, patients or survivors were never told the injuries were caused by medical errors. None of the doctors involved in the incidents was subjected to disciplinary action.

For patients of all ages, serious injury and death caused by medical errors are well-known facts of life in the medical community. But they rarely are reported to the general public.

MCP Hospital's records came to light only because of bankruptcy proceedings last year, when its new owner publicly filed a detailed account of the 598 incidents reported at the facility from January 1989 through June 1998.

Those numbers mirror what is happening across the country. Lucian Leape, a Harvard University professor who conducted the most comprehensive study of medical errors in the United States, has estimated that one million patients nationwide are injured by errors during hospital treatment each year and that 120,000 die as a result.

That number of deaths is the equivalent of what would occur if a jumbo jet crashed every day; it is three times the 43,000 people killed each year in U.S. automobile accidents.

''It's by far the No. 1 problem'' in health care, said Leape, an adjunct professor of health policy at the Harvard School of Public Health.

In their study, Leape and his colleagues examined patient records at hospitals throughout the state of New York. Their 1991 report found that one of every 200 patients admitted to a hospital died as a result of a hospital error.

Researchers such as Leape say that not only are medical errors not reported to the public, but those reported to hospital authorities represent roughly 5 to 10 percent of the number of actual medical mistakes at a typical hospital.

''The bottom line is we have a system that is terribly out of control,'' said Robert Brook, a professor of medicine at the University of California at Los Angeles. ''It's really a joke to worry about the occasional plane that goes down when we have thousands of people who are killed in hospitals every year.''

In bankruptcy proceedings last year, Tenet Healthcare Corp.—which bought eight Philadelphia-area hospitals, including MCP, from the bankrupt Allegheny health system—publicly filed an account of medical errors reported at MCP from 1989 through 1998. Such documents, which are maintained by hospitals for legal and insurance reasons, are routinely kept confidential.

The Philadelphia Inquirer sent written requests seeking similar information from 34 other large hospitals in Philadelphia. Of 25 that responded, all declined to provide similar insurance reports, citing patient confidentiality. Tenet declined to provide comparable data for MCP since it acquired the hospital.

Contained in the MCP records is a history of one hospital's experience, providing an unprecedented glimpse into the extent and natural of hospital mistakes.

The cases run the gamut from benign to fatal, and involve patients whose health status ranged from young and vital to old and infirm.

They include:

Four patients who died after they received too much medication, the wrong medication or no medication.

Surgical ''misadventures'' during which patients' organs were punctured or blood vessels were pierced.

An epilepsy patient who died and another who was left paralyzed on one side after suffering brain hemorrhages during surgery by inexperienced and inadequately supervised residents. In those two cases, four doctors at MCP later signed a letter to a hospital administrator saying that mistakes by unsupervised surgical residents ''resulted in the unfortunate death of one of our patients.''

Two middle-age patients who died following cardiac emergencies—men who according to hospital records did not receive proper or timely treatment from emergency room residents. One man sat in the emergency room with dangerously elevated blood pressure for more than seven hours before dying of a heart attack.

An 18-year-old man who received the wrong type of blood in a transfusion after an automobile accident, and died after an apparent hemolytic reaction to the blood.

Eight surgical patients who required second operations to retrieve sponges, cotton or metal instruments left inside their bodies.

Inadquate intensive-care monitoring, which delayed response to a mother of two who had stopped breathing. She was left permanently brain-damaged.

The Allegheny Health, Education and Research Foundation, which owned MCP until November, declined to comment. Tenet, the hospital's current owner, declined to discuss specific cases and events at the hospital preceding its ownership.

A Tenet executive said the company is aggressive and systematic in monitoring the quality of care at the 130 hospitals it owns across the country.

As of June 30, 1998, the date of the MCP report, the hospital's insurers had paid roughly $30 million—excluding legal costs—in settlements or jury awards in 76 of the 266 cases that resulted in lawsuits. The figures include five cases settled for more than $1 million each.

Lawyers for MCP, a 400-bed hospital in East Falls, Pa., have consistently denied the hospital's liability in lawsuits arising from errors. The hospital's own records suggest that its experience is no different from that of most hospitals in America.

''I find nothing in there that's beyond the average,'' said Donald Berwick, a pediatrician who is president and chief executive officer of the Institute for Healthcare Improvement, a nonprofit organization based in Boston.

The MCP doctors who treated patients included in the report had a wide range of expertise. Some were first-year doctors-in-training, or residents, working under the supervision of attending doctors. Others were veteran faculty who had graduated at the top of their medical school classes and are regarded by their colleagues as among the most competent in their specialties.

None of the 40 doctors involved in some of the most serious mistakes at MCP was ever subjected to disciplinary action by the state Bureau of Professional and Occupational Affairs, according to an agency spokeswoman.

''Most people in health care really try hard, but they're human and they make mistakes,'' said Harvard's Leape, a co-author of the ''Harvard Medical Practice Study.'' Said Leape: ''Physicians are not infallible.''

Leape added: ''No nurse or doctor wants to hurt somebody and every nurse and doctor has hurt somebody. They don't want to do it again.''

Because most medical mistakes do not go beyond hospital walls, experts say, an estimated 2 to 10 percent of all cases involving medical error result in lawsuits.

''Because of the surveillance climate in health care, the tendency is not to report errors, but to conceal them or explain them away,'' Berwick said.

The CHAIRMAN pro tempore (Mr. QUINN). Are there any further amendments to section 2?

If not, the Clerk will designate section 3.

The text of section 3 is as follows:

SEC. 3. GRANTS REGARDING UTILIZATION OF PREVENTIVE HEALTH SERVICES.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following section:

''SEC. 330D. CENTERS FOR STRATEGIES ON FACILITATING UTILIZATION OF PREVENTIVE HEALTH SERVICES AMONG VARIOUS POPULATIONS.

''(a) IN GENERAL.—The Secretary, acting through the appropriate agencies of the Public Health Service, shall make grants to public or nonprofit private entities for the establishment

and operation of regional centers whose purpose is to identify particular populations of patients and facilitate the appropriate utilization of preventive health services by patients in the populations through developing and disseminating strategies to improve the methods used by public and private health care programs and providers in interacting with such patients.

''(b) RESEARCH AND TRAINING.—The activities carried out by a center under subsection (a) may include establishing programs of research and training with respect to the purpose described in such subsection, including the development of curricula for training individuals in implementing the strategies developed under such subsection.

''(c) QUALITY MANAGEMENT.—A condition for the receipt of a grant under subsection (a) is that the applicant involved agree that, in order to ensure that the strategies developed under such subsection take into account principles of quality management with respect to consumer satisfaction, the applicant will make arrangements with one or more private entities that have experience in applying such principles.

''(d) PRIORITY REGARDING INFANTS AND CHILDREN.—In carrying out the purpose described in subsection (a), the Secretary shall give priority to various populations of infants, young children, and their mothers.

''(e) EVALUATIONS.—The Secretary, acting through the appropriate agencies of the Public Health Service, shall (directly or through grants or contracts) provide for the evaluation of strategies under subsection (a) in order to determine the extent to which the strategies have been effective in facilitating the appropriate utilization of preventive health services in the populations with respect to which the strategies were developed.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2000 through 2004.''.

The CHAIRMAN pro tempore. Are there any amendments to section 3?

If not, are there any further amendments to the bill?

AMENDMENT NO. 18 OFFERED BY MRS. JOHNSON OF CONNECTICUT

Mrs. JOHNSON of Connecticut. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 18 offered by Mrs. JOHNSON of Connecticut:

At the end of the bill, add the following new section:

SEC. 4. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following subpart:

''Subpart IX—Support of Graduate Medical Education Programs in Children's Hospitals

''SEC. 340E. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

''(a) PAYMENTS.—The Secretary shall make two payments under this section to each children's hospital for each of fiscal years 2000 and 2001, one for the direct expenses and the other for indirect expenses associated with operating approved graduate medical residency training programs.

''(b) AMOUNT OF PAYMENTS.—

''(1) IN GENERAL.—Subject to paragraph (2), the amounts payable under this section to a children's hospital for an approved graduate medical residency training program for a fiscal year are each of the following amounts:

''(A) DIRECT EXPENSE AMOUNT.—The amount determined under subsection (c) for direct expenses associated with operating approved graduate medical residency training programs.

''(B) INDIRECT EXPENSE AMOUNT.—The amount determined under subsection (d) for indirect expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

''(2) CAPPED AMOUNT.—

''(A) IN GENERAL.—The total of the payments made to children's hospitals under paragraph (1)(A) or paragraph (1)(B) in a fiscal year shall not exceed the funds appropriated under paragraph (1) or (2), respectively, of subsection (f) for such payments for that fiscal year.

''(B) PRO RATA REDUCTIONS OF PAYMENTS FOR DIRECT EXPENSES.—If the Secretary determines that the amount of funds appropriated under subsection (f)(1) for a fiscal year is insufficient to provide the total amount of payments otherwise due for such periods under paragraph (1)(A), the Secretary shall reduce the amounts so payable on a pro rata basis to reflect such shortfall.

''(c) AMOUNT OF PAYMENT FOR DIRECT GRADUATE MEDICAL EDUCATION.—

''(1) IN GENERAL.—The amount determined under this subsection for payments to a children's hospital for direct graduate expenses relating to approved graduate medical residency training programs for a fiscal year is equal to the product of—

''(A) the updated per resident amount for direct graduate medical education, as determined under paragraph (2)); and

''(B) the average number of full-time equivalent residents in the hospital's graduate approved medical residency training programs (as determined under section 1886(h)(4) of the Social Security Act during the fiscal year.

''(2) UPDATED PER RESIDENT AMOUNT FOR DIRECT GRADUATE MEDICAL EDUCATION.—The updated per resident amount for direct graduate medical education for a hospital for a fiscal year is an amount determined as follows:

''(A) DETERMINATION OF HOSPITAL SINGLE PER RESIDENT AMOUNT.—The Secretary shall compute for each hospital operating an approved graduate medical education program (regardless of whether or not it is a children's hospital) a single per resident amount equal to the average (weighted by number of full-time equivalent residents) of the primary care per resident amount and the non-primary care per resident amount computed under section 1886(h)(2) of the Social Security Act for cost reporting periods ending during fiscal year 1997.

''(B) DETERMINATION OF WAGE AND NON-WAGE-RELATED PROPORTION OF THE SINGLE PER RESIDENT AMOUNT.—The Secretary shall estimate the average proportion of the single per resident amounts computed under subparagraph (A) that is attributable to wages and wage-related costs.

''(C) STANDARDIZING PER RESIDENT AMOUNTS.—The Secretary shall establish a standardized per resident amount for each such hospital—

''(i) by dividing the single per resident amount computed under subparagraph (A) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B);

''(ii) by dividing the wage-related portion by the factor applied under section 1886(d)(3)(E) of the Social Security Act for discharges occurring during fiscal year 1999 for the hospital's area; and

''(iii) by adding the non-wage-related portion to the amount computed under clause (ii).

''(D) DETERMINATION OF NATIONAL AVERAGE.—The Secretary shall compute a national average per resident amount equal to the average of the standardized per resident amounts computed under subparagraph (C) for such hospitals, with the amount for each hospital weighted by the average number of full-time equivalent residents at such hospital.

''(E) APPLICATION TO INDIVIDUAL HOSPITALS.—The Secretary shall compute for each such hospital that is a children's hospital a per resident amount—

''(i) by dividing the national average per resident amount computed under subparagraph (D) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B);

''(ii) by multiplying the wage-related portion by the factor described in subparagraph (C)(ii) for the hospital's area; and

''(iii) by adding the non-wage-related portion to the amount computed under clause (ii).

''(F) UPDATING RATE.—The Secretary shall update such per resident amount for each such children's hospital by the estimated percentage increase in the consumer price index for all urban consumers during the period beginning October 1997 and ending with the midpoint of the hospital's cost reporting period that begins during fiscal year 2000.

''(d) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL EDUCATION.—

''(1) IN GENERAL.—The amount determined under this subsection for payments to a children's hospital for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents for a fiscal year is equal to an amount determined appropriate by the Secretary.

''(2) FACTORS.—In determining the amount under paragraph (1), the Secretary shall—

''(A) take into account variations in case mix among children's hospitals and the number of full-time equivalent residents in the hospitals' approved graduate medical residency training programs; and

''(B) assure that the aggregate of the payments for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents under this section in a fiscal year are equal to the amount appropriated for such expenses for the fiscal year involved under subsection (f)(2).

''(e) MAKING OF PAYMENTS.—

''(1) INTERIM PAYMENTS.—The Secretary shall determine, before the beginning of each fiscal year involved for which payments may be made for a hospital under this section, the amounts of the payments for direct graduate medical education and indirect medical education for such fiscal year and shall (subject to paragraph (2)) make the payments of such amounts in 26 equal interim installments during such period.

''(2) WITHHOLDING.—The Secretary shall withhold up to 25 percent from each interim installment for direct graduate medical education paid under paragraph (1).

''(3) RECONCILIATION.—At the end of each fiscal year for which payments may be made under this section, the hospital shall submit to the Secretary such information as the Secretary determines to be necessary to determine the percent (if any) of the total amount withheld under paragraph (2) that is due under this section for the hospital for the fiscal year. Based on such determination, the Secretary shall recoup any overpayments made, or pay any balance due. The amount so determined shall be considered a

final intermediary determination for purposes of applying section 1878 of the Social Security Act and shall be subject to review under that section in the same manner as the amount of payment under section 1886(d) of such Act is subject to review under such section.

''(f) AUTHORIZATION OF APPROPRIATIONS.—

''(1) DIRECT GRADUATE MEDICAL EDUCATION.—

''(A) IN GENERAL.—There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, for payments under subsection (b)(1)(A) —

''(i) for fiscal year 2000, $90,000,000; and

''(ii) for fiscal year 2001, $95,000,000.

''(B) CARRYOVER OF EXCESS.—The amounts appropriated under subparagraph (A) for fiscal year 2000 shall remain available for obligation through the end of fiscal year 2001.

''(2) INDIRECT MEDICAL EDUCATION.—There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, for payments under subsection (b)(1)(A) —

''(A) for fiscal year 2000, $190,000,000; and

''(B) for fiscal year 2001, $190,000,000.

''(g) DEFINITIONS.—In this section:

''(1) APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.—The term 'approved graduate medical residency training program' has the meaning given the term 'approved medical residency training program' in section 1886(h)(5)(A) of the Social Security Act.

''(2) CHILDREN'S HOSPITAL.—The term 'children's hospital' means a hospital described in section 1886(d)(1)(B)(iii) of the Social Security Act.

''(3) DIRECT GRADUATE MEDICAL EDUCATION COSTS.—The term 'direct graduate medical education costs' has the meaning given such term in section 1886(h)(5)(C) of the Social Security Act.''.

Mrs. JOHNSON of Connecticut. Mr. Chairman, first I would like to commend the gentleman from Florida (Mr. BILIRAKIS) on the underlying bill, the Health Research and Quality Act which I consider to be a very progressive modernization of the mission of the Agency for Health Care Policy and Research, and I commend him on the thoughtful work done to enable that agency to serve us in the future in a focused and aggressive manner.

I also would like to thank the subcommittee chairman, the gentleman from Florida (Mr. BILIRAKIS), for his support of a solution to the problem that our children's centers faced. He has been a strong advocate of our children's centers, and a great help to me as we moved this matter forward. I would like to thank also the chairman, the gentleman from Virginia (Mr. BLILEY) of the Committee on Commerce who also has been helpful in the support of the gentleman from California (Mr. THOMAS) who is chairman of the Subcommittee on Health of the Committee on Ways and Means and for the help and assistance and guidance of the gentlewoman from Ohio (Ms. PRYCE) who has been so very interested in the work of the children's hospital and is so conscious of the excellent opportunity they provide for children with complex, difficult illness.

Mr. Chairman, I offer this amendment, and I ask the support of my colleagues because our children's medical centers are facing an unprecedented financial crisis that threatens future advances in children's health care. All our teaching hospitals are facing a terrible challenge in just maintaining the resources needed to treat medically complex patients, the uninsured and the poor, and in addition, to maintain their training and teaching capabilities. It is increasingly difficult to get Medicare, Medicaid, and private payers to reimburse at a rate that is adequate to cover the unique responsibilities of our medical centers including the additional added costs of training physicians and conducting health care research. In today's price-competitive health care market, private payers no longer are willing to cover the costs of the public mission of training our physician work force. Children's teaching hospitals face an additional and unique burden because they receive no significant Federal support for their graduate medical education programs.

Mr. Chairman, GME is principally funded through the Medicare program. Teaching hospitals receive funding based on the number of Medicare patients that they treat. Because children's hospitals treat very few Medicare patients, they receive no significant support for their teaching programs from the Federal Government.

Freestanding children's hospitals receive on average less than one-half of 1 percent of what other teaching facilities receive in Federal GME funding. The grant program embodied in this amendment would provide GME support for children's hospitals. That is just commensurate with Federal GME support that other teaching facilities receive under Medicare. This amendment merely establishes interim assistance to our children's hospitals to maintain their teaching programs while Congress reforms the way we as a Nation fund medical education.

Mr. Chairman, the grant program would provide $280 million in fiscal year 2000, $285 million in fiscal year 2001; that is, authorize that money. Since comprehensive GME reform will take more time to develop, this amendment would provide immediate financial assistance through a capped time limited authorization of appropriations.

Mr. Chairman, freestanding children's hospitals are responsible for the pediatric training of almost 30 percent of the Nation's pediatricians and almost half of pediatric specialists. They also provide training to substantial numbers of residents of other institutions who require pediatric rotations. Even though they make up less than 1 percent of all hospitals, 59 facilities, freestanding teaching children's hospitals educate and train over 5 percent of all residents nationwide.

Make no mistake about it, Mr. Chairman. Top notch training programs are critical to ensure quality health care for our children. Kids with unusual and medically complex diseases depend on the sophisticated resources of our children's medical centers. Quality pediatric care depends on high-quality training of pediatric specialists and sub-specialists, and improvements in diagnosing and treating disease depend on sophisticated basic and clinical research carried out in our children's hospitals.

This grant program has broad bipartisan support. It is co-authored by over 190 Members, including the chairs and ranking members of the critical committees, and I urge my colleagues' support of it here today.

Mr. BILIRAKIS. Mr. Chairman, I rise in support of the amendment offered by the gentlewoman from Connecticut (Mrs. JOHNSON).

Mr. Chairman, the majority had a chance to review the amendment. It would provide graduate medical education payments to the children's hospitals by creating a financing system for pediatric physical training. The amendment was introduced as the Children's Hospital Education and Research Act, H.R. 1579, with significant bipartisan support.

Mr. Chairman, few contest the historic inequity in GME funding for children's hospitals. Because Medicare is the largest single payer of GME and since freestanding children's hospitals treat few Medicare patients, as the gentlewoman from Connecticut said, their GME funding is very low. This gap in Federal support jeopardizes highly successful pediatric training programs.

Since comprehensive GME reform may take more time to develop, this amendment will provide immediate financial assistance through a capped, time-limited appropriation of $280 million in fiscal year 2000 and 285 million in fiscal year 2001. This authorization would end after 2 years or with the enactment of GME reform, whichever occurs first.

Although, Mr. Chairman, I am not going to make a motion to contest the germaneness of this amendment, I do wish to point out that the bill under consideration now which reauthorizes an agency with a primary research mission is a questionable vehicle for authorizing appropriations for funding GME and children's hospitals, and I am sure the gentlewoman understands that and would acknowledge that. Moreover, on process grounds I can make a strong argument for moving the children's GME bill through the normal committee process rather than as an amendment to H.R. 2506.

But having said this, Mr. Chairman, of course I am a cosponsor of the Johnson GME bill, and I agree with my colleague from Connecticut that this authorization of appropriations will send an important message to the relevant appropriations committees that the Congress considers support of GME for doctors training in children's hospitals as a high, high priority, and therefore, Mr. Chairman, we are prepared to accept the amendment.

Ms. PRYCE of Ohio. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong support of the Johnson amendment, and I congratulate my friend for her work on this very and most important issue, and I appreciate the chairman's support. Very simply, this amendment makes an investment in children's health by authorizing funds for physician training. Currently the Medicare program provides the most reliable and significant support for graduate medical education, but children's hospitals do not treat Medicare patients who are largely senior citizens.

Mr. Chairman, the current system leaves children's hospitals searching for compensation for the time-consuming and resource-intensive training they provide to enhance our physician work force. While children's hospitals or while children's teaching hospitals represent only 1 percent of all hospitals, they train nearly 30 percent of all pediatricians, nearly half of all pediatric specialists and a significant number of general practitioners.

Now I have spent the better part of the past year in and out of Children's Hospital in Columbus, Ohio, and I know firsthand the critical difference between medical care for adults and medical care for children and all the commensurate differences in training that go along with the treating of a sick child as opposed to a grown adult including very basically the size of medical equipment, the dosage of drugs, the size of prosthetics, the administration of anesthesia, the ongoing development, the physical development, of children, the communication barriers. The list goes on and on, and it is absolutely critical for the physicians who treat children to have the proper training to meet the needs and challenges that are specific to children.

It is this kind of training that our Nation's children's hospitals are uniquely qualified to provide. Our current system of financial support for medical training disadvantages children's teaching hospitals, and the Johnson amendment begins to address the inequities of our graduate medical education system by authorizing a grant program to advance pediatrician training and pediatric research. It is a small price to pay to ensure that our children's hospitals can continue their mission to care for the sickest and poorest children while training the next generation of caregivers. It makes sense to add this provision to legislation that is focused on promoting public-private partnership to ensure health care quality research and patient access to care.

This interim solution to fix the inequities of our GME system has the support of 190 Members of the House and 38 Senators who have cosponsored similar legislation. I urge the rest of my colleagues to join us in support of the Johnson amendment and in recognition of the special work that children's doctors devote their lives and energies to.

Mr. LARSON. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today in support of the amendment offered by my esteemed colleague from Connecticut (Mrs. JOHNSON). The amendment provides funding for grants to children's hospitals to train pediatricians. This amendment incorporates the provisions of H.R. 1579, the Children's Hospitals Education and Research Act of 1999. It was one of the first bills I cosponsored on becoming a Member of this body.

This amendment greatly affects the 59 independent children's teaching hospitals across this Nation. Although these hospitals represent less than 1 percent of all hospitals in the Nation, they train over 5 percent of all physicians, 29 percent of all pediatricians and most pediatric specialists.

The Connecticut Children's Medical Center is located in the center of my district and is one of these hospitals that desperately needs this graduate medical funding for their education programs. I have heard from many of my constituents and work closely with the staff at the medical center, its president, Larry Gold, and Eva Bunnell who is a tireless advocate on behalf of the children of our great State of Connecticut.

As a parent of three children, I understand the importance and necessity of this funding. This amendment would authorize annual funding for 2 years and provide a more equitable, competitive playing field for independent children's teaching hospitals.

I wear this pin today, which is the Connecticut Children's Medical Center's logo. It represents an open-armed child made of colorful blocks. A 8-year-old from the hospital said the logo looks like a kid ready to give a hug.

We cannot turn our backs on the Nation's children and the care they deserve, and aside from the hugs they richly deserve, they need funding. Without this funding, these independent hospitals, which care solely for children, will find it hard to operate to the best of their ability.

I commend the gentlewoman from Connecticut (Mrs. JOHNSON) for her tireless work on behalf of children in the State of Connecticut and across this Nation. She has done so since she was a member of the Connecticut State Senate. I rise in support of this amendment today and urge our colleagues to join us.

Mrs. JOHNSON of Connecticut. Mr. Chairman, will the gentleman yield?

Mr. LARSON. I yield to the gentlewoman from Connecticut.

Mrs. JOHNSON of Connecticut. Mr. Chairman, it really is a pleasure to have the gentleman from Connecticut here and in support of the remarkable Children's Hospital in Hartford, Connecticut, but I think it gives us a good example of why this is so urgent and why my colleague, the gentleman from Florida (Mr. BILIRAKIS) has been so generous as to let us bring this on this bill.

□ 1700

Truly, in the environment in which our hospitals are operating, our remarkable little Children's Hospital is a good example of the terrible circumstances these children's centers face. They serve mostly children. Medicaid reimburses much worse than Medicare reimburses, to begin with, and then they are right in the middle of Hartford so they have many, many uninsured children, many very poor children, who need a lot of special care, and yet they get not one cent or hardly a cent of reimbursement for their teaching and research initiatives. We just cannot let this happen.

In the interim, we need this money to help them survive this period of extraordinary change in reimbursements. I just appreciate the gentleman's long working relationship with them, the help he has been on this bill.

I would also like to just take a moment to thank the ranking member, the gentleman from Ohio (Mr. BROWN), who has been a long solid advocate of children's hospitals and worked hard on this amendment for the year and a half or 2 years we have been working on it.

Mr. LARSON. Mr. Chairman, reclaiming my time, I can add no more to the gentlewoman's eloquence.

Mr. WAXMAN. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of this amendment offered by our colleague, the gentlewoman from Connecticut (Mrs. JOHNSON). By providing adequate Graduate Medical Education funding to children's hospitals, this amendment will ensure that our Nation's premier pediatric health care institutions are capable of pursuing their research, training, and primary-care missions on a firm financial footing.

For too long Congress has failed to remedy a clear inequity in the funding of Graduate Medical Education at children's hospitals. Because GME funding is contingent upon an institution's Medicare census, children's hospitals have not received adequate funding for the direct and indirect expenses of operating essential pediatric residency programs.

This amendment has strong bipartisan support in both the House and the Senate. I urge my colleagues to cast a vote in favor of strengthening our children's health care by supporting this amendment.

Let me conclude by saying how pleased I am that the House has reauthorized AHCPR, soon to be called the Agency for Health Research and Quality. I am proud to have been the one to have introduced this legislation creating the agency in 1989 with Senator KENNEDY. Just three years ago, AHCPR underwent a near-death experience arising from partisan politics, so I am

especially pleased this essential agency once again has the bipartisan support it deserves.

Ms. McCARTHY of Missouri. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I want to thank the chairman of the subcommittee, the gentleman from Florida (Mr. BILIRAKIS) for accepting this amendment, to thank the gentlewoman from Connecticut (Mrs. JOHNSON) for her tireless efforts in championing it, and to thank my ranking member, the gentleman from Ohio (Mr. BROWN), for his tireless work as well in support of our children.

I am a cosponsor of similar legislation, and I am very pleased we are moving forward now on this key issue, which will authorize $565 million in appropriations for children's hospitals to maintain their graduate residency training programs.

This is critical to the health of our children. Children's hospitals are responsible for the pediatric training of almost one-third of the Nation's pediatricians. A lack of Federal support jeopardizes all education and training programs in children's hospitals, thereby threatening not only the pediatric workforce, but future health-care research and our children's health. It would be penny-wise and pound-foolish to continue down this path.

In my district alone, this temporary funding will help train 70 doctors at Children's Mercy Hospital, a freestanding regional facility in Kansas City. The Johnson amendment supports the 59 children's teaching hospitals all across our country. I commend the sponsor and chairman and ranking member.

Mr. BACHUS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, first of all, I would like to commend the gentlewoman from Connecticut (Mrs. JOHNSON), the chairman of the subcommittee, the gentleman from Florida (Mr. BILIRAKIS), and the gentleman from Ohio (Mr. BROWN) for offering this amendment.

Let me tell you what it means to one hospital of the 59. Children's Hospital of Alabama is the only freestanding pediatric hospital in the State of Alabama. It not only receives patients from Alabama, it receives patients from Mississippi and from as far away as Chattanooga, Tennessee.

Children's Hospital presently spends $4 million to $6 million annually for Graduate Medical Education. Unlike hospitals which treat Medicare patients, Children's Hospital receives no Medicare funds, and, therefore, no Medicare graduate medical expense reimbursement.

As the gentlewoman from Connecticut has said, Medicaid reimbursements are less, commercial insurers are not offering reimbursement for these expenses, and, with the recent changes in Medicaid and Medicare, all our hospitals are operating under cost controls, but our children's hospitals are operating on the severest of restraints.

Children's hospitals, we have heard various figures on how many of the pediatricians these hospitals train. Children's hospitals train 75 percent of the pediatricians in Alabama; and, nationwide, although children's hospitals train 25 percent or one-fourth of pediatricians, they train almost all pediatric sub-specialists. These are the people that treat our little boys and girls with cancer, with epileptic seizures, those children who are injured in accidents. Our sickest children come to our children's hospitals. They need the best of care, and they need medical doctors who are trained and trained well.

It is for this reason that I support enthusiastically the amendment of the gentlewoman from Connecticut (Mrs. JOHNSON), for, as we are fond of saying in this body, our children deserve the best, and that includes the best health care, and that includes the best trained health care pediatricians. This amendment will assure that.

To the gentlewoman from Connecticut (Mrs. JOHNSON), I thank you for your hard work; and I commend the body for its consideration of this measure.

Mr. BENTSEN. Mr. Chairman, I move to strike the requisite number of words.

(Mr. BENTSEN asked and was given permission to revise and extend his remarks.)

Mr. BENTSEN. Mr. Chairman, I rise in support of the amendment offered by the gentlewoman from Connecticut (Ms. JOHNSON) and commend her for offering this amendment. I also want to commend the ranking member, the gentleman from Ohio (Mr. BROWN). Both the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from Ohio (Mr. BROWN) have been the original sponsors, of which I am an original cosponsor, of the bill, H.R. 1579, the Children's Hospital Education Research Act, and I commend them for having the foresight to introduce this legislation.

The JOHNSON amendment would provide critically important Federal funding for our Nation's 59 independent children's hospitals, including six such hospitals in Texas. I have the honor and distinction to represent two children's hospitals, Texas Children's Hospital, which is a qualified independent children's hospital, as well as Memorial Hermann Children's Hospital, which is part of a larger hospital system. In addition to that, I have the Shriner's Orthopedic Hospital in my district in the Texas Medical Center complex, which is in the 25th District. All of these are teaching hospitals aligned with the Baylor College of Medicine and the University of Texas.

As has been pointed out by many Members today, there is a great disparity in the level of Federal funding for teaching hospitals for pediatrics versus other types of teaching hospitals. That is due in large part because of how we have structured our medical education program around the Medicare system.

As the gentlewoman knows from the Committee on Ways and Means, this is a broader issue that we need to address. Some of us, the gentleman from Maryland (Mr. CARDIN) and myself, have some ideas. Others have their ideas. The chairman of the Committee on Ways and Means, my next-door neighbor in Houston, has his ideas. But, nonetheless, we should not wait until we come to a conclusion on that. We ought to act as the chairman of the subcommittee said. This is the right thing to do right now.

As has been pointed out, these hospitals, while only being a small percentage, train a very large percentage of the pediatricians. As the gentlewoman from Connecticut (Mrs. JOHNSON) pointed out, these hospitals are under tremendous financial pressure. They are under financial pressure from the private sector in managed-care health plans. They are under pressure in the Medicaid program.

In fact, back in 1997, as part of the Balanced Budget Act, we made pretty dramatic reductions in the disproportionate share program. Fortunately, we were able to ease those a little bit as it affected States like mine in Texas, Connecticut, and others. Those reductions were made, nonetheless. We know that the Nation's children's hospitals do carry a disproportionate share of both indigent and Medicaid patients, which just adds to the fiscal burden that they have to address.

This bill would provide in a 2-year capped program some additional funding to address this situation. But, more importantly, in the long term it would underscore the Federal commitment to ensuring that we continue to have the world's best pediatric care and that we continue to have the world's best medical education program.

I hope by passage of this amendment, and hopefully passage of this bill and funding of this bill, that we can go a step further, and when we look at the overall Graduate Medical Education program or the medical education program, we will look beyond just Medicare and understand that training doctors and training the other allied health positions is not just something that is benefited by the Medicare beneficiaries; but all of us, including our children, benefit from this; and, thus, we should take that into account in structuring the program.

So I commend the gentlewoman from Connecticut, the gentleman from Ohio and the chairman of the subcommittee for accepting this amendment, and I ask my colleagues to support the amendment.

Mr. COOK. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the amendment being offered by the gentlewoman from Connecticut. Children's teaching hospitals play a vital and

unique role in our health care system. They are the training ground for future pediatricians, and nurses and they do groundbreaking research into children's illnesses. Many of these hospitals are freestanding facilities without the resources of a university or a health care organization to subsidize the higher costs the teaching hospitals incur.

Primary Children's Hospital in my State of Utah is one such hospital. It trains an average of 52 residents a year and has an outstanding reputation as one of the leading children's hospitals in the West. Most pediatricians in the 5–State Intermountain region have received at least some of their training at Primary Children's Hospital. But because children's hospitals treat few Medicare patients, they are at an economic disadvantage, since Graduate Medical Education is funded through the Medicare program. As a result, they receive less than one-half of 1 percent of what other teaching facilities receive in Federal assistance. This is not right. Our children deserve the finest health care that we can provide.

The $280 million grant funding proposed in the amendment offered by the gentlewoman from Connecticut (Mrs. JOHNSON) is a modest effort to provide some equity and relief to these hospitals and enable them to continue their fine work. I was a cosponsor of H.R. 1579, and I am proud to support this amendment. I hope my colleagues will join me and stand up for children's health by voting for this amendment.

Ms. LEE. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong support of the amendment offered by the gentlewoman from Connecticut (Mrs. JOHNSON) to authorize $280 million in fiscal 2000 and $285 million in fiscal 2001 for a program that would provide grants to children's hospitals to train pediatricians.

On behalf of the Children's Hospital in Oakland, California, my district, I want to thank the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from Ohio (Mr. BROWN) for this amendment. This authorization is needed because freestanding children's hospitals are disadvantaged under the current Federal Graduate Medical Education funding for children's teaching hospitals.

Freestanding children's hospitals receive an average of less than one-half percent of what other teaching facilities receive in Federal Graduate Medical Education funding.

□ 1715

Now, in Oakland, California, in my district, Children's Hospital, a freestanding hospital, has 205 licensed beds. It is a regional trauma center and is an independent teaching hospital. It is a hospital that when my children were children played a very important role in the healthy development of my kids. It continues to be an exemplary medical facility and a very supportive environment for children and their families.

Now, because the hospital only treats children and not the elderly, it receives almost no graduate medical payments from Medicare, the one stable source of Graduate Medical Education support.

At Children's Hospital in Oakland, California, senior clinicians and scientists work with young doctors in pediatrics and pediatric specialities. It is these interns and residents who will become the pediatricians and scientists of tomorrow and who will bring us the miracles of the 21st century, a cure for cancer, new therapies, and other great possibilities. We need an equitable playing field in the price competitive health-care marketplace.

Medicare has become the only reliable source of significant support for Graduate Medical Education in teaching hospitals. Because children's teaching hospitals care for children, they receive less than .5 percent of the Medicare Graduate Medical Education support provided to other teaching hospitals. The current mechanism for Graduate Medical Education financing does not equitably recognize the contribution of these hospitals. So we must invest in children's health.

Independent children's teaching hospitals are less than 1 percent of all hospitals but train nearly 30 percent of all pediatricians and nearly half of all pediatric specialists. A strong academic program is critical to all facets of children's hospitals' missions. They care for the sickest and the poorest children, training the next generation of caregivers for children and research in order to improve children's health care. They are in the community, responding to the health care needs of our children and supporting their families.

So this amendment has broad bipartisan support. I urge my colleagues to support this amendment; and once again, I want to thank the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from Ohio (Mr. BROWN) for their support and commitment to children in our country.

Mr. BROWN of Ohio. Mr. Chairman, I rise in support of the Johnson amendment.

Mr. Chairman, I commend the gentlewoman for her work and also the gentlewoman from California (Ms. LEE) and others that have spoken before me. Before I introduced this legislation 2½ years ago, I visited the Akron Children's Hospital in Akron, Ohio, and saw the outstanding kind of work that medical personnel in that hospital did in pediatric medical advancement. As has been outlined by previous speakers, there is not a very good funding stream for medical education in children's hospitals and especially in freestanding children's hospitals.

Ohio is the home, I believe, of more freestanding children's hospitals than any State in the country. With the squeeze of managed care, coupled with the peculiarity of the way that we fund Graduate Medical Education through Medicare, children's hospitals simply cannot produce the pediatric specialists or, for that matter, the pediatric general practitioners that this country needs to produce. This is a very good amendment. This is a very important part of this bill. I commend the sponsor of the bill and ask for support of the Johnson amendment.

Mr. THOMAS. Mr. Chairman, I rise in support of Representative NANCY JOHNSON's amendment to the Health Research Quality Act (HR 2506). This amendment authorizes $280 million in FY 2000 and $285 million in FY 2001 for graduate training programs at children's hospitals.

Mr. Chairman, the way the government currently finances graduate medical education makes little objective sense. The system has unfairly penalized children's hospitals.

The training of physicians, in what is known as Direct Graduate Medical Education, is financed through Medicare's Hospital Insurance Trust Fund. Thus, the funds a hospital receives depends on the number of Medicare patients it serves. Since children's hospitals treat very few Medicare patients (primarily those with End Stage Renal Disease), they receive almost no funding from the Medicare program. Medicare pays teaching hospitals $7 billion in Graduate Medical Education, or about $76,000 per resident. Yet children's hospitals receive only about $400 per resident, despite training more than one-fourth of the nation's physicians and a majority of the pediatric specialties. In addition, free-standing children's hospitals constitute less than 1% of all hospitals but train more than 5% of all residents.

This illustrates one more reason why the entire direct graduate medical education program is in need of fundamental reform. Why should the training of residents who go on to treat patients of all demographic profiles be financed out of a program designed for the elderly and disabled? Second, why should we pay certain hospitals 5 or 6 times the amount per resident as we pay for the training of equally qualified residents at equally prestigious universities and teaching hospitals in other regions of the country?

Senator BILL FRIST, also a former physician, headed a task force within the Medicare Commission, which recommended that direct medical education be funded outside of the Medicare structure. I believe we can provide a more secure funding structure through a multiyear appropriations process because it provides a larger pool of resources: the General Fund. In addition, an appropriations process will provide needed oversight into the inequities that is lacking in the current entitlement structure.

I am pleased that Representative NANCY JOHNSON and the children's hospitals support the Medicare Commission's recommendation that children hospital DME be funded through the appropriations process. I strongly endorse this amendment and hope we can finally start providing needed resources to children's hospitals so that they may secure the important missions they perform.

Mr. SESSIONS. Mr. Chairman, freestanding children's hospitals are disadvantaged under the current federal GME (Graduate Medical Education) funding structure. GME is principally funded through the Medicare program.

Teaching hospitals receive funding based on the number of patients that they treat. Because children's hospitals treat few Medicare patients, they receive no significant federal support for GME.

Children's hospitals receive on average less than one-half of one percent (0.5%) of what other teaching facilities receive in federal GME funding. This grant program would provide GME support for children's hospitals that is commensurate with federal GME support that other teaching facilities receive under Medicare.

Training programs are necessary to ensure quality health care for children. The education and training programs of these institutions are critical to the future of pediatric medicine and therefore to the future health of all children.

In 1998, Children's Medical Center of Dallas served as the training site for 77 pediatric residents. Although hospitals like ''Children's Med. Center of Dallas'' represents less than 1% of all hospitals in the country, independent children's teaching hospitals are responsible for training nearly 30% of all pediatricians, nearly half of all pediatric subspecialties and train over 5% of all residents nationwide.

This amendment would establish interim assistance to children's hospitals to maintain their teaching program while Congress addresses the inequities in the current GME system through Medicare reform. The grant program would provide $280 million in FY2000 and $285 million in FY2001.

Mr. PORTMAN. Mr. Chairman, I rise in strong support of Mrs. JOHNSON'S amendment to establish interim funding assistance to children's hospitals. The amendment will enable children's hospitals in Ohio and across the nation to maintain their teaching programs while Congress addresses the inequities in the current graduate medical education (GME) system through Medicare reform.

The nation's 59 freestanding children's hospitals, including Children's Hospital Medical Center in Cincinnati, train about 30 percent of the nation's pediatricians and nearly half of all pediatric specialists. Many residents of other hospitals who require pediatric rotations are trained at these facilities as well. Although they make up less than 1 percent of all hospitals, freestanding children's hospitals educate and train over 5 percent of all residents nationwide.

However, the current system of federal funding assistance is tilted against pediatric training. Graduate medical education is funded primarily through Medicare based on the number of patients that teaching hospitals treat. Since few Medicare patients receive care at children's hospitals, these facilities get less than one-half of one percent of what other teaching hospitals get in federal GME funding. This unfair situation threatens the future of our nation's pediatric workforce and also hinders the development of new treatments since teaching facilities perform the majority of health care research.

Congress recognized this problem in the Balanced Budget Act of 1997 by directing both the Medicare Payment Advisory Commission and the Bipartisan Commission on the Future of Medicare to address the financing of graduate medical education in children's hospitals as part of a comprehensive evaluation of GME. However, GME reform will take a while to develop. Therefore, the Johnson amendment will provide immediate financial assistance to children's hospitals comparable to the federal GME support that other teaching facilities receive under Medicare. It would do this through a capped, time-limited authorization of appropriations.

The Johnson amendment is essentially the language of the Children's Hospital Education and Research Act, H.R. 1579. I am an original cosponsor of a bipartisan bill, which is supported by over 190 Members of the House, including the chairs, ranking members and other members of subcommittees and committees of jurisdiction—the Commerce, Ways and Means and Appropriations Committees.

I urge my colleagues to support this important amendment to provide children's hospitals with a level playing field by addressing the federal funding GME gap they face, and, at the same time, give children a better shot at growing up healthy.

Mr. HOBSON. Mr. Chairman, I rise in support of the amendment offered by the gentlelady from Connecticut. This issue is particularly important for children in Ohio, where thousands of sick children every year are treated at Ohio's six independent children's hospitals.

Over the recent district work period, I visited the Children's Medical Center in Dayton, Ohio. Not only does the Center provide first rate care for children, it also provides a caring and attentive environment that allows parents and relatives to actively participate in their children's care. We all know how important it is to be near our children when they are sick, and the nation's children's hospitals provide the atmosphere and specialized care that is the best medicine for our children.

At some hospital serving adult populations in Ohio, the federal reimbursement for resident training is about $50,000 per resident. This federal commitment to graduate medical education has helped ensure that our doctors and the quality of care they provide are the best in the world.

However, due to the way the reimbursement formula has been set up, the federal commitment to graduate medical education at children's hospitals is much smaller. For example, Children's Hospital in Columbus, Ohio received about $230 per resident last year.

This amendment restores some fairness to the reimbursement rates that children's hospitals receive and will help ensure that Ohio and other states with children's hospitals will continue to train qualified pediatricians. This is an issue of fairness, and an investment long-overdue, and I urge my colleagues to support this amendment.

Ms. DUNN. Mr. Chairman, I rise in support of Representative JOHNSON's amendment to provide grants to train medical residents at independent children's hospitals. I commend my friend for her leadership on this important issue and ask my colleagues to support her amendment.

The problem is simple: the federal government provides funding for graduate medical education through Medicare. Independent children's hospitals throughout this nation treat children under the age of 21, which is primarily a Medicaid population. Consequently, these hospitals do not receive Medicare funding for the medical professionals they train.

To rectify this discrepancy, this amendment will provide funding to children's hospitals that train medical doctors to be pediatricians. These hospitals are critical to serving sick children and providing important research to improve the quality of children's lives.

Earlier this year, Speaker HASTERT joined me in visiting the Children's Hospital and Regional Medical Center in Seattle, Washington. With 72 pediatric residents a year, Children's Hospital in Seattle is the dominant provider for training of pediatricians in the Pacific Northwest, covering the region of Washington, Wyoming, Alaska, Montana and Idaho.

In 1997, Children's Hospital invested $8 million in its medical education program and was reimbursed only $160,000 from Medicare and $2.4 million from Medicaid. This hospital cannot meet the needs of our community if it is forced to reduce the number of residents it trains. This amendment will improve quality of care by continuing to provide doctors who specialize as pediatricians or other pediatric subspecialties.

Independent children's teaching hospitals are less than 1% of all hospitals, but they train nearly 30% of all pediatricians. More importantly, we can continue our commitment to helping the sickest and poorest children in our communities.

As a parent of two sons, I know the importance of good quality health care for our children, and we must be very careful to leave no child behind. I urge my colleagues to support this important amendment. It is an investment in our children's health.

The CHAIRMAN pro tempore (Mr. QUINN). The question is on the amendment offered by the gentlewoman from Connecticut (Mrs. JOHNSON).

The amendment was agreed to.

AMENDMENT NO. 19 OFFERED BY MR. MCGOVERN

Mr. MCGOVERN. Mr. Chairman, I offer amendment No. 19.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 19 offered by Mr. MCGOVERN:

Page 46, after line 2, insert the following section:

SEC. 4. STUDY REGARDING SHORTAGES OF LICENSED PHARMACISTS.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary''), acting through the appropriate agencies of the Public Health Services, shall conduct a study to determine whether and to what extent there is a shortage of licensed pharmacists. In carrying out the study, the Secretary shall seek the comments of appropriate public and private entities regarding any such shortage.

(b) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary shall complete the study under subsection (a) and submit to the Congress a report that describes the findings made through the study and that contains a summary of the comments received by the Secretary pursuant to such subsection.

Mr. MCGOVERN. Mr. Chairman, my amendment calls attention to a very serious problem in this country, the potential shortage of pharmacists. As the population ages and prescription drug use continues to increase, we must examine whether there are enough qualified pharmacists to knowledgeably and safely distribute these medicines. My amendment would require that the Health Resources Services Administration study whether and

to what extent there is a shortage of licensed pharmacists and to report back to Congress in 1 year on its findings. The report would include comments from private and public entities.

Mr. Chairman, as we debate the specifics of a prescription drug plan, which is incredibly important, we must also examine the potential shortage of pharmacists serving our health-care community. Our health-care system is changing from inpatient to outpatient treatment. Pharmaceutical manufacturing is on the rise; and even though there is debate about the specifics of such a plan, I think we all recognize the need for a Medicare prescription drug benefit.

As these events continue to unfold, we must recognize the lag in the education and development of new, qualified pharmacists. Currently, pharmacy providers throughout northern New England and around the country are experiencing difficulty finding enough pharmacists to keep up with the demand for prescription drugs. Pharmacists often serve as a valuable link between patients and their doctors. They provide valuable information about side effects and drug interactions. They ensure that our prescriptions are filled correctly, and they provide important advice on a range of issues when one of us or a member of our family is not feeling well.

I am concerned, Mr. Chairman, that in the near future people will not have access to the important community-based prescription services that are vital to maintaining their health. Unfortunately, this situation will only worsen. For example, the National Association of Chain Drug Stores estimates that the number of prescriptions will increase from 2.8 billion per year today to 4 billion in the year 2005. The number of pharmacists, however, is not projected to keep up with this demand. Data from the National Association of Chain Drug Stores shows that while the number of prescriptions in Massachusetts, my State, will increase 39 percent between 1998 and 2005, the number of pharmacists will only increase 13 percent over that same amount of time.

That is Massachusetts. The same problem exists all over the country. I believe Congress needs to take action. I have been working with the Massachusetts College of Pharmacy, which is opening a campus in Worcester, Massachusetts, in an attempt to deal with what potentially can be a major health crisis in this country.

In my opinion, we need to support the creation of more pharmacy schools. We need to examine ways to help encourage more people to enter the field of pharmacy, and we need to make sure that the financial assistance is available for students who want to pursue a career in pharmacy. By voting for this amendment, Congress will take the first step in determining whether and to what extent there is a shortage of pharmacists in this country, and I believe this will lay the groundwork for us to take actions in the future to remedy this very significant problem.

Mr. Chairman, I urge support of this amendment.

Mr. Chairman, I insert the following letter for printing in the RECORD:

MASSACHUSETTS COLLEGE OF PHARMACY AND ALLIED HEALTH SCIENCES, OFFICE OF THE PRESIDENT,

September 24, 1999.

Hon. JAMES P. MCGOVERN,
416 Cannon House Office Building, Washington, District of Columbia.

DEAR CONGRESSMAN MCGOVERN: I want to commend you for addressing the current pharmacist shortage in America. I support your amendment to the Health Research Quality Act, H.R. 2506, which would study the impending crisis and report potential solutions.

The combination of new biomedical discoveries, and the substantial graying of a large segment of the population, will create demands for billions more prescriptions that will be critical to maintaining the health of many Americans in the 21st century. This increase will cause an equal demand on human resources, and the need to supply trained personnel in pharmacy and counseling. In their 1998 study, the National Association of Chain Drug Stores found over 3500 vacant positions among their members, concluding that the demand for pharmacists could grow by as much as 30% over the next two years.

Like a great many of our colleagues throughout the nation, the Massachusetts College of Pharmacy and Health Sciences has been mindful of this burgeoning health care crisis from the need for trained community pharmacists. The project that will allow us to help to alleviate this crisis is the development of a fully accredited MCPHS campus in the city of Worcester, Massachusetts. Aided by the support of both the public and the private sectors, our strategic planning outlines a growth in academic resources that will facilitate an increase of 500 more pharmacy graduates, to bring out total to almost 2200 degrees in pharmacy studies, by the year 2003. I believe that this project holds great potential as an effective public-private partnership that could truly serve as a national model of creative response to this impending cataclysm to national health care.

We, at MCPHS, urge you and your colleagues to give serious consideration in developing recommendations to address this serious shortage of licensed pharmacists.

Sincerely,

CHARLES F. MONAHAN, Jr.

NACDS, NATIONAL ASSOCIATION OF CHAIN DRUG STORES,

September 28, 1999.

Hon. JAMES P. MCGOVERN,
U.S. House of Representatives,
Washington, DC.

DEAR CONGRESSMAN MCGOVERN: On behalf of the National Association of Chain Drug Stores (NACDS), I am writing to applaud your leadership in raising awareness about the national shortage of licensed pharmacists. We are proud to be working with you on this issue and look forward to continuing our cooperative efforts to find solutions to this important public health concern.

Toward this end, NACDS supports your efforts to amend H.R. 2506, the Health Research and Quality Act, to direct the Secretary of Health and Human Services to conduct a study on the shortage of licensed pharmacists. As you are well aware, NACDS had conducted research concluding that the pharmacist shortage is an acute situation that will only get worse as the national demand for prescription drug therapy continues to grow. With your amendment, Congress can take an important step towards developing solutions to ensure that an adequate supply of pharmacists is available to provide medication and pharmaceutical services to the public in the future.

We also appreciate that you have included in the amendment a definitive date for completion of the study, as this will ensure that this issue receives the urgent consideration it deserves. Given the potential consequences of prolonging the pharmacist shortage, this research is too important to delay.

Thank you for your ongoing efforts to ensure the Americans consumers have access to the best health care services available. If I may be of any assistance on this or other issues, please do not hesitate to contact me.

Sincerely,

ROBERT W. HANNAN,
President and Chief Executive Officer.

Mr. BILIRAKIS. Mr. Chairman, I move to strike the last word.

Mr. Chairman, the majority has had an opportunity to review the amendment. I personally spoke with the gentleman regarding his amendment. I commend him for it, and I would agree with him. Certainly in Florida, where we have such a much bigger demand than most of the States in the country, we have a tremendous shortage of pharmacists. Most of the members of my family are pharmacists, and I am able to keep up with that.

Mr. Chairman, we are prepared to accept the amendment.

Mr. BROWN of Ohio. Mr. Chairman, I rise in support of the McGovern amendment.

Mr. Chairman, I want to thank the gentleman for his commitment, particularly in light of what Congress looks like it may do on prescription drugs, for his commitment to this issue. I think it is something we need to know more about to see if it is regional, if it is national, how acute the shortage is; and I think this amendment will help us learn to do that and deal with coverage of prescription drugs nationally also. I commend him and ask for support of the amendment.

Mr. BERRY. Mr. Chairman, I rise today as a licensed pharmacist, in support of the McGovern amendment.

I always say that I am proud to have served in two of the most respected professions: as a farmer and a pharmacist.

I have stood here many times to talk about the affordability of prescription drugs. Today, I am here to ask that we pass this amendment for the sake of consumers.

Why? Because our nation's consumers, especially seniors, rely on pharmacists for their livelihood.

In the 1st Congressional District of Arkansas, these shortages are in the smaller towns.

The demand for full-time pharmacists has increased more than 25 percent in the past two years.

We all know from traveling in our districts that one of the main concerns of seniors is the affordability of prescription drugs. But we also know that not enough pharmacists to fill those prescriptions, this is also a major problem.

Let's pass the McGovern amendment.

The CHAIRMAN pro tempore. The question is on the amendment offered

by the gentleman from Massachusetts (Mr. MCGOVERN).

The amendment was agreed to.

AMENDMENT NO. 22 OFFERED BY MR. THOMPSON OF CALIFORNIA

Mr. THOMPSON of California. Mr. Chairman, I offer amendment No. 22.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 22 offered by Mr. THOMPSON of California:

Page 46, after line 2, add the following section:

SEC. 4. REPORT ON TELEMEDICINE.

Not later than January 10, 2001, the Director of the Agency for Health Research and Quality shall submit to the Congress a report that—

(1) identifies any factors that inhibit the expansion and accessibility of telemedicine services, including factors relating to telemedicine networks;

(2) identifies any factors that, in addition to geographical isolation, should be used to determine which patients need or require access to telemedicine care;

(3) determines the extent to which—

(A) patients receiving telemedicine service have benefited from the services, and are satisfied with the treatment received pursuant to the services; and

(B) the medical outcomes for such patients would have differed if telemedicine services had not been available to the patients;

(4) determines the extent to which physicians involved with telemedicine services have been satisfied with the medical aspects of the services;

(5) determines the extent to which primary care physicians are enhancing their medical knowledge and experience through the interaction with specialists provided by telemedicine consultations; and

(6) identifies legal and medical issues relating to State licensing of health professionals that are presented by telemedicine services, and provides any recommendations of the Director for responding to such issues.

Mr. THOMPSON of California. Mr. Chairman, telemedicine has been in existence for over 30 years but has only recently become one of the fastest growing areas of medicine. Telemedicine allows a consulting physician at one location to observe a patient or interpret data at another location via two-way audio or video links. Dermatology, oncology, cardiology, radiology, and surgery are just a few of the areas of medicine that have felt the positive impact of this technology.

If someone represents a rural district, as I do, they have heard from constituents who often have to travel long distances to consult with medical specialists. Telemedicine allows these same individuals to consult with their primary-care physician and a specialist at the same time without the burdens of extraordinary travel, but telemedicine does not just help rural districts. This field of medicine has the potential to provide a wider range of services to all underserved communities, both rural and urban.

The benefits of telemedicine are numerous; but in order to encourage its growth, we still need to research and answer a few critical questions.

Are patients who have received telemedicine benefiting from it? What criteria should be used to determine which patients need these services? What factors are inhibiting the expansion of accessibility of telemedicine networks?

Congress in the past has commissioned reports on telemedicine, including one under the Health Insurance Portability and Accountability Act of 1996 and another under the Balanced Budget Act of 1997. Although these reports address many important aspects of the field, there are still gaps that need to be filled in.

In working with the National Institutes of Health and other medical professionals throughout the country, I have drafted this amendment. It requires the Agency for Health Research and Quality to research and respond to Congress by January of 2001 on issues relating to patient screening and interstate licensing of medical professionals.

In addition, this amendment would require a review of the factors that may be inhibiting the expansion of telemedicine networks. It is necessary to identify the hurdles that still need to be overcome in this field in order to establish and promote successful systems of telemedicine.

I want to thank the chairman and the ranking member for their great work on this measure, and I would urge a yes vote on this amendment.

Mr. OSE. Mr. Chairman, I rise in support of the amendment by my good friend, the gentleman from California (Mr. THOMPSON).

Mr. Chairman, I have this past week spent much time in my district visiting the various facilities that serve the medical needs of the people who live in the Third District, and I will say firsthand, up front and personal, that this system works. I have been in the hospital in Colusa, a small city of around 5,500 in my district, where we actually communicated as I was standing there with people at the University of California at Davis Medical Center talking about issues affecting a patient.

Telemedicine works. It helps the people in my district, and the thing that is so critical here, the thing that actually makes a difference, that we should support here if for no other reason is that telemedicine is an effective, efficient, beneficial way to bring medical assistance to the people who live in our rural areas throughout this country.

I have seen it work. I want to say that. I have seen it work in my district. There is a camera. There is a screen. There are people on the other end, and it is just like talking from here to the Chair.

The amendment of the gentleman is well thought out. The fact that we can get some additional greater information to allow us to make reasoned, rational decisions regarding telemedicine merits our support. I thank the chairman for considering it.

Mr. BILIRAKIS. Mr. Chairman, will the gentleman yield?

Mr. OSE. I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Chairman, I thank the gentleman from California (Mr. OSE) for yielding.

Mr. Chairman, I really appreciate the gentleman sharing his story with us and commend the gentleman from California (Mr. THOMPSON) for offering this amendment. Back in the days when RON WYDEN from Oregon, who is now a U.S. senator, was here, he and I spent a lot of time on the issue of telemedicine. We ran into some roadblocks but it has been sort of a little bit of a cause of mine, a secondary cause of mine unfortunately, but I think it is an excellent resource.

Frankly, my opinion is that it is not being used to its full potential and hopefully the gentleman's amendment will focus the agency on this particular issue, and hopefully we can improve upon that. So in any case, we are prepared to accept the amendment.

□ 1730

Mr. FALEOMAVAEGA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I certainly want to commend the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health and Environment, and the gentleman from Ohio (Mr. BROWN), our ranking member, for allowing this amendment to be brought before the floor.

Mr. Chairman, I rise today in full support of the proposed amendment of the gentleman from California (Mr. THOMPSON) to H.R. 2506 to require the Agency for Health Research and Quality to submit a report to Congress by January 2001 on telemedicine.

Mr. Chairman, I represent a group of Americans living in a remote area, far from the modern hospitals or other major health facilities. The people of my district get sick and are injured just like anyone throughout the country.

One big difference, Mr. Chairman, is that, if a person's serious injury or illness cannot be treated by a local physician, he may just have to wait awhile before he or she can be transferred to the nearest major hospital, which is about a 5-hour plane ride from Samoa to Honolulu. To make things more complicated, Mr. Chairman, there are only two flights per week between American Samoa and Honolulu.

In addition to that, Mr. Chairman, the cost of transporting a patient in a gurney, along with an attending nurse or physician 2,300 miles to Hawaii and back is quite significant, which leads to the very reason why I fully support this amendment for telemedicine.

Mr. Chairman, presently health and medical care needs in rural America and distant U.S. insular areas are simply overwhelming the available resources. Telemedicine can work to lessen the costs and, at the same time, can dramatically improve the quality of and access to needed health and medical care.

Telemedicine can be a very valuable tool to medical facilities in rural areas.

We now have the technology to assist rural America, but the infrastructure is not always in place, and the costs are still somewhat of a concern.

This amendment will require that we devote some of our resources to determining how best to move forward with this emergent technology to provide improved medical care for rural America.

Again, I thank the gentleman from California (Mr. THOMPSON) for his initiative by introducing this necessary amendment, and my appreciation to the chairman and the ranking member for their leadership and assistance by allowing this amendment to be included in this legislation.

I urge my colleagues to support this amendment.

Ms. WOOLSEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I, too, am in support of this amendment, an amendment to bring the delivery of health care into the 21st century.

Telemedicine is an innovative and fast growing field that provides real access and necessary access to medical care, particularly to areas that are not close to major medical facilities.

That is why this year the gentleman from California (Mr. THOMPSON) and I requested funding for a telemedicine network located in Santa Rosa at Santa Rosa Memorial Hospital to provide access to the children and families in northern California's remote and underserved population.

Santa Rosa Memorial Hospital is in my district, and the majority of the families that it would serve are in the district of the gentleman from California (Mr. THOMPSON). Together, that was a partnership to take care of the children in our area in general.

The U.S. Department of Health and Human Services has classified portions of our districts as medically underserved. Specialty and trauma care are often limited and episodic at best, making telemedicine the only viable answer to making care accessible to these families.

The children who need state-of-the-art medicine, but do not have it in their rural communities, will be served greatly by this amendment.

We have the technology to fix a problem. Now, let us have the courage. I hear on both sides of the aisle that the courage is there, and I appreciate it, to fix this problem permanently.

Telemedicine has been in existence for over 30 years, and it is time to make it a priority so that it will work and so that it will work right.

Again, I applaud the gentleman from California (Mr. THOMPSON) for his leadership on this issue. I urge my colleagues to support this amendment.

Mr. BROWN of Ohio. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the second Thompson amendment. I commend the gentleman from California for bringing attention to the potential of telemedicine and for outlining for us the success already of telemedicine. It is a terrific breakthrough in the last decade or so and in serving underserved remote areas, as the gentlewoman from California (Ms. WOOLSEY) said. I think this is a good amendment that will lead to more breakthroughs in telemedicine.

I ask support of the House for the Thompson amendment.

The CHAIRMAN pro tempore (Mr. QUINN). The question is on the amendment offered by the gentleman from California (Mr. THOMPSON).

The amendment was agreed to.

AMENDMENT NO. 23 OFFERED BY MR. TRAFICANT

Mr. TRAFICANT. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 23 offered by Mr. TRAFICANT: Page 46, after line 2, insert the following section:

SEC. 4. BUY AMERICAN PROVISIONS.

(a) COMPLIANCE WITH BUY AMERICAN ACT.—No funds authorized pursuant to this Act may be expended by an entity unless the entity agrees that in expending the assistance the entity will comply with sections 2 through 4 of the Act of March 3, 1933 (41 U.S.C. 10a–10c, popularly known as the ''Buy American Act'').

(b) SENSE OF CONGRESS; REQUIREMENT REGARDING NOTICE.—

(1) PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In the case of any equipment or products that may be authorized to be purchased with financial assistance provided under this Act, it is the sense of the Congress that entities receiving such assistance should, in expending the assistance, purchase only American-made equipment and products.

(2) NOTICE TO RECIPIENTS OF ASSISTANCE.—In providing financial assistance under this Act, the Secretary of Health and Human Services shall provide to each recipient of the assistance a notice describing the statement made in paragraph (1) by the Congress.

Mr. TRAFICANT. Mr. Chairman, I would like to start out by commending the gentleman from Florida (Mr. BILIRAKIS), a fellow graduate of the University of Pittsburgh and a dear friend, for his work on health care. I believe if the Congress would work with the gentleman from Florida (Mr. BILIRAKIS), we would continue to have improvements such as these that will incrementally improve the health-care system of America.

I also want to commend the gentleman from Ohio (Mr. BROWN), my neighbor, for working with our chairman and for aggressively working on problems of health-care needs for all the people of America. But I do want to encourage the Congress to continue to work carefully with the chairman. The health-care program that he is espousing makes a lot of sense.

Mr. Chairman, this is a very simple amendment. It says people who get the money from this bill in the form of grants shall abide by the ''buy American'' law which many of them forget to do, and they have to be prosecuted for such evasion. At least we can remind them and encourage them when expending these funds, where at all possible and practicable, to expend those funds in the purchases of American-made goods and services.

It makes sense. It is common sense. I would ask that it would be included in the bill.

Mr. BILIRAKIS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, before I respond to the gentleman's amendment, I would like to take this opportunity to thank and commend the staffs, the people who really make all of this possible. We get the accolades, but they are really the ones who have done all the work: Jason Lee, a member of the committee staff; Tom Giles, another member of the majority staff; Ann Esposito from my personal staff; minority staff John Ford and Ellie Dahoney; and Pete Goodloe, legislative counsel. I really commend them and thank them. This has been a good piece of legislation. It has been very beneficial, I think.

Mr. Chairman, the majority has had an opportunity to review the amendment by the Buy-American Congressman, the great Buy-American Congressman here in the Congress, and his amendment would require that the agency or any entity that expends funds authorized pursuant to this act comply with the Buy American Act. He is already very diligent in doing that.

We are prepared to accept his amendment.

Mr. BROWN of Ohio. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the Traficant amendment. I commend the gentleman from Ohio (Mr. TRAFICANT), with whom I share a county, Trumbull County in eastern Ohio, and thank him for his work on this amendment. I thank the gentleman from Florida (Mr. BILIRAKIS) for his good work on this bill and so many other pieces of legislation in our committee. Also Mr. Ford, Mr. Schooler, and the majority staff, and Ellie Dahoney also in my office.

This amendment, as the amendments of the gentleman from Ohio (Mr. TRAFICANT) typically are on this, on several bills on buy America, makes sense. It will improve the bill. I commend him for his work. I ask for support of the amendment.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentleman from Ohio (Mr. TRAFICANT).

The amendment was agreed to.

Are there any further amendments on the bill?

If not, the question is on the committee amendment in the nature of a substitute, as amended.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The CHAIRMAN pro tempore. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. MCHUGH) having assumed the chair, Mr. QUINN, Chairman pro tempore of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 2506) a bill to amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research, pursuant to House Resolution 299, he reported the bill back to the House with an amendment adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendments to the committee amendment in the nature of a substitute adopted by the Committee of the Whole? If not, the question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 417, nays 7, not voting 9, as follows:

[Roll No. 457]

YEAS—417

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Armey
Bachus
Baird
Baker
Baldacci
Baldwin
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop
Blagojevich
Bliley
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Capuano
Cardin
Carson
Castle
Chabot
Chambliss
Clay
Clayton
Clement
Clyburn
Coble
Collins
Combest
Condit
Conyers
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Doyle
Dreier
Dunn
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Filner
Fletcher
Foley
Forbes
Ford
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley
Horn
Houghton
Hoyer
Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Largent
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCollum
McCrery
McDermott
McGovern
McHugh
McInnis
McIntosh
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, Gary
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Myrick
Nadler
Napolitano
Neal
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Payne
Pease
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Reyes
Reynolds
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Rush
Ryan (WI)
Ryun (KS)
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sawyer
Saxton
Schaffer
Schakowsky
Scott
Sensenbrenner
Serrano
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Spence
Spratt
Stabenow
Stark
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tiahrt
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watkins
Watt (NC)
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wynn
Young (AK)
Young (FL)

NAYS—7

Chenoweth
Coburn
Duncan
Hostettler
Johnson, Sam
Paul
Royce

NOT VOTING—9

Archer
McCarthy (NY)
McKinney
Riley
Sanford
Scarborough
Sessions
Thomas
Wu

□ 1804

Mr. ROYCE changed his vote from ''yea'' to ''nay.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. THOMAS. Mr. Speaker, on rollcall No. 457, had I been present, I would have voted "yea."

GENERAL LEAVE

Mr. BILIRAKIS. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on H.R. 2506, the bill just passed.

The SPEAKER pro tempore (Mrs. BIGGERT). Is there objection to the request of the gentleman from Florida?

There was no objection.

AUTHORIZING CLERK TO MAKE CHANGES IN THE ENGROSSMENT OF H.R. 2506, HEALTH RESEARCH AND QUALITY ACT OF 1999

Mr. BILIRAKIS. Madam Speaker, I ask unanimous consent that, in the engrossment of the bill, H.R. 2506, the Clerk be authorized to correct section numbers, punctuation, and cross references and to make such other technical and conforming changes as may be necessary to reflect the actions of the House.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 2000—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 106–135)

The SPEAKER pro tempore laid before the House the following veto message from the President of the United States; which was read and, without objection, referred to the Committee on Appropriations and ordered to be printed:

To the House of Representatives:

I am returning herewith without my approval, H.R. 2587, the ''District of Columbia Appropriations Act, 2000.'' Although the bill provides important funding for the District of Columbia, I am vetoing this bill because it includes a number of highly objectionable provisions that are unwarranted intrusions into local citizens' decisions about local matters.

I commend the Congress for developing a bill that includes requested funding for the District of Columbia. The bill includes essential funding for District Courts and Corrections and the D.C. Offender Supervision Agency and goes a long way toward providing requested funds for a new tuition assistance program for District of Columbia residents. I appreciate the additional funding included in the bill to promote the adoption of children in the District's foster care system, to support the Children's National Medical Center, to assist the Metropolitan Police Department in eliminating open-air drug trafficking in the District, and for drug testing and treatment, among other programs.

However, I am disappointed that the Congress has added to the bill a number of highly objectionable provisions that would interfere with local decisions about local matters. Were it not for these provisions, I would sign the bill into law. Many of the Members who voted for this legislation represent States and localities that do not impose similar restrictions on their own citizens. I urge the Congress to remove the following provisions expeditiously to prevent the interruption of important funding for the District of Columbia:

—*Voting Representation.* H.R. 2587 would prohibit not only the use of Federal, but also District funds to provide assistance for petition drives or civil actions that seek to obtain voting representation in the Congress for residents of the District of Columbia.

—*Limit on Access to Representation in Special Education Cases.* The bill would cap the award of plaintiffs' attorneys' fees in cases brought by parents of District schoolchildren against the District of Columbia Public Schools under the Individuals with Disabilities Education Act (IDEA). In the long run, this provision would likely limit the access of the District's poor families to quality legal representation, thus impairing their due process protections provided by the IDEA.

—*Abortion.* The bill would prohibit the use of not only Federal, but also District funds to pay for abortions except in those cases where the life of the mother is endangered or in situations involving rape or incest.

—*Domestic Partners Act.* The bill would prohibit the use of not only Federal, but also District funds to implement or enforce the Health Care Benefits Expansion Act of 1992.

—*Needle Exchange Programs.* The bill contains a ban that would seriously disrupt current AIDS/HIV prevention efforts by prohibiting the use of Federal and local funds for needle exchange programs. H.R. 2587 denies not only Federal, but also District funding to any public or private agency, including providers of HIV/AIDS-related services, in the District of Columbia that uses the public or private agency's own funds for needle exchange programs, undermining the principle of home rule in the District.

—*Controlled Substances.* The bill would prohibit the District from legislating with respect to certain controlled substances, in a manner that all States are free to do.

—*Restriction on City Council Salaries.* The bill would limit the amount of salary that can be paid to members of the District of Columbia Council.

I urge the Congress to send me a bill that maintains the important funding for the District provided in this bill and that eliminates these highly objectionable provisions as well as other provisions that undermine the ability of residents of the District of Columbia to make decisions about local matters.

WILLIAM J. CLINTON.

THE WHITE HOUSE, *September 28, 1999.*

The SPEAKER pro tempore. The objections of the President will be spread at large upon the Journal, and the message and bill will be printed as a House document.

(Mr. ISTOOK asked and was given permission to revise and extend his remarks.)

Mr. ISTOOK. Madam Speaker, President Clinton has just surrendered in America's war against drugs. I'm deeply disturbed by this veto, and every parent, teacher and police officer should be, too.

His veto throws away all the good things this bill does: help D.C. kids go to college, get foster kids into permanent homes, clean up the foul Anacostia River, crack down on drug offenders, and reduce the size of D.C.'s bloated government.

And for what?

I'm appalled that the President of the United States would throw away all these good things just to support legalizing marijuana.

This is about legalizing drugs in the nation's capital, and using that as a stepping-stone for the rest of the country. Nobody should be fooled by the pretense that this is a medical issue. That's a smoke screen. Anyone who reads D.C.'s proposed new law knows:

It wouldn't even require an actual doctor's prescription.

People who claim they have approval to use marijuana are allowed to authorize their friends to grow and keep it for them.

It even requires government to provide the marijuana in some cases, at taxpayers' expense.

It's wide-open for abuse. It conflicts with our national law making marijuana illegal.

It's also a smokescreen for the President to pretend this is about local control. The Constitution (Article I, Section 8) puts Congress in charge of the laws in D.C. Furthermore, the items of which the President complains were all approved by him in last year's bill. They are not new. The only new thing is that now D.C. wants to legalize marijuana, and President Clinton wants to help them.

Everyone who cares about combating drugs should be sickened by the Clinton veto. You can't have a war on drugs if the President turns the nation's capital into a sanctuary. This ends any hope of drug-free zones around D.C.'s schools.

Every police officer, every teacher, and every parent who has ever fought against drugs should be crying today. The President is sending the worst possible message to our children.

Not only that, he's exposing our nation's capitol to renewed ridicule over drug abuse and hijacking D.C.'s progress on the road to recovery from the Marion Barry days. I'm shocked that he would sacrifice everything just to promote a pro-drug agenda. Neither the Congress nor the country will accept what the President has done.''

Madam Speaker, I ask unanimous consent that the veto message of the President, together with the accompanying bill, H.R. 2587, be referred to the Committee on Appropriations.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

The SPEAKER pro tempore. The veto message and the bill will be referred to the Committee on Appropriations.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate had passed without amendment a joint resolution of the House of the following title:

H.J. Res. 68. Joint Resolution making continuing appropriations for the fiscal year 2000, and for other purposes.

The message also announced that the Senate agrees to the report of the Committee of Conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2605) ''An Act making appropriations for energy and water development for the fiscal year ending September 30, 2000, and for other purposes.''

NAVY ENSIGN DAN JOHNSON, A TRUE HERO

(Mr. BALLENGER asked and was given permission to address the House for 1 minute and to revise and extend his remarks and include therein extraneous material.)

Mr. BALLENGER. Madam Speaker, some say that America lacks true heroes, and I disagree. Last Friday, I had the privilege to see a young man, a constituent of mine, Navy Ensign Dan Johnson receive the Navy/Marine Corps medal for heroism.

On August 23, Ensign Johnson, a safety officer aboard the USS Blue Ridge, was working on a deck as the ship prepared to leave Pusan Harbor. During

the course of that operation, a young sailor who was handling a towline attached to a Korean tug became entangled and was being dragged to what would have been certain death.

Thinking quickly, Ensign Johnson jumped on the sailor and tried to free him, but he too became entangled in the line as it became tighter. In a final desperate attempt, Ensign Johnson was able to free himself and the sailor in the nick of time, but, in the course of doing so, lost both legs at mid-calf. The sailor lost a foot.

In a time when there are too few heroes, Dan has proved that true heroes still do exist. His selfless acts will leave no doubt about his love and dedication to his service, his shipmates and his country. Dan embodies the highest standards of professionalism, courage and self-giving. The Navy should be very proud of this young man, as I and his family are. It is my hope that his actions will serve as a reminder of the sacrifices we call upon our young people to make while protecting our freedom and as an inspiration to everyone who now serves.

Madam Speaker, I include Dan's citation for the RECORD.

THE SECRETARY OF THE NAVY
WASHINGTON

The President of the United States takes pleasure in presenting the Navy and Marine Corps Medal to Ensign Daniel H. Johnson, United States Naval Reserve for service as set forth in the following Citation:

For heroism while serving as Safety Officer on board USS BLUE RIDGE (LCC 19) at Pusan, Korea on 23 August 1999.

While serving as the Station Safety Officer during a mooring evolution, Ensign Johnson took immediate action to save the life of and minimize injuries to a line handler whose leg was entangled in a tugboat's messenger line. Recognizing the imminent danger to the service member, Ensign Johnson ran to the member and attempted to control the line. The violent, jerking motion of the line entrapped both members and ultimately severed the lower limbs of Ensign Johnson.

By his courageous and prompt actions in the face of great personal risk, Ensign Johnson reflected great credit upon himself and upheld the highest traditions of the United States Naval Service.

For the President,

RICHARD DANZIG,
Secretary of the Navy.

SPECIAL ORDERS

The SPEAKER pro tempore (Mrs. BIGGERT). Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. LIPINSKI) is recognized for 5 minutes.

(Mr. LIPINSKI addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

□ 1815

INTRODUCTION OF THE KEEP OUR PROMISE TO AMERICA'S MILITARY RETIREES ACT

The SPEAKER pro tempore (Mrs. BIGGERT). Under a previous order of the House, the gentleman from Mississippi (Mr. SHOWS) is recognized for 5 minutes.

Mr. SHOWS. Madam Speaker, today I am introducing the Keep Our Promise to America's Military Retirees Act, a bill which will correct an injustice against millions of Americans who have made the ultimate sacrifice in defense of their country and our country.

Madam Speaker, the United States is the greatest power in the world. American forces have fought bloody battles on land, sea and in the air to preserve democracy. We could never have achieved such military superiority without the millions of Americans who risked all to serve in this great country. These patriots put the security of home and family on the line to defend the right of all Americans.

Career servicemen and women are willing to sacrifice their own lives so that all Americans can live freely. We do not hesitate to ask American men and women to make military service a career. And what do they ask for in return? All they ask is that the promises made when they entered the service are fulfilled when they retire. That is the injustice I rise to address today.

Madam Speaker, millions of Americans joined the service with the understanding that health care would be available to them when they retired. But for too many military retirees, there is no health care, or the health care that is available is doled out like table scraps for the family dog. The United States should never break a promise to the American people. But it is wrong to be this callous to the very people who keep America safe and strong. It is wrong. It is very wrong.

Madam Speaker, prior to June 7, 1956, health care provided for retirees varied from service to service but Congress had never authorized any of those systems. This changed when CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services, was enacted into law in 1956. So people who entered the service after CHAMPUS was enacted were sure they could look forward to health care upon retirement, or so they thought. I am going to address that issue later in my remarks.

But what about the people who entered the service before CHAMPUS was enacted? The sad fact is that many Americans who joined the service prior to CHAMPUS were promised free health care by recruiters who had no right to make such a promise. Because there was no statutory health care, those empty promises simply could not be fulfilled.

Now, Madam Speaker, when you or I or anyone else buys something on the open market, we are always warned to let the buyer beware. But, Madam Speaker, should Americans be in doubt when their own government makes similar claims? Military recruiters are not salesmen. Recruiters are agents of the United States Government, the American people. We owe it to our military retirees who were led to believe they would receive free health care upon retirement that their government will be there for them.

Now, Madam Speaker, what do we do about the military retirees who entered the service after CHAMPUS? Madam Speaker, military retirees are eligible to participate in CHAMPUS or Tricare programs that have evolved from CHAMPUS. Essentially they can get treatment at military treatment facilities on a space available basis. That is, they can pay for treatment if, and that is a very big ''if,'' if space is available, or if civilian doctors choose to participate.

At a time when we are downsizing the military and closing bases, space availability and access to military treatment facilities are very difficult. And treatment is impossible for retirees who are unable to travel even short distances. And then guess what? At 65, retirees lose coverage and become eligible for Medicare benefits which we all know are shrinking every day. So these post-CHAMPUS retirees are left with fewer and fewer health care options.

Today, Madam Speaker, I am introducing the Keep Our Promise to America's Military Retirees Act. This landmark legislation will restore adequate health care that was promised to all our military retirees. It will make military retirees who entered the service prior to CHAMPUS eligible for health care under the Federal Employee Health Benefits Program, with the United States paying the full cost of the enrollment. This bill also extends to all our military retirees expanded options for health care. They can enroll in the Federal employees health care program, or they can participate in the CHAMPUS program after they reach age 65, or they can remain in the Tricare program. This is the ''broken promise'' bill that America's military retirees have been waiting for years to come.

Many of these heroic Americans risked all in World War II, Korea, Vietnam and the Persian Gulf. The least we can do for these American heroes is keep our word. We should move these bills through the legislative process so they do become law. We should restore health care that was promised to our military retirees and to which they are entitled after devoting their lives to defend this country. We should keep our promise to America's military retirees.

I do ask that you help me support this bill. It is a great bill. It is a broken promise that we have not kept to our military retirees.

I want to acknowledge the efforts of four organizations that have been instrumental in crafting this legislation: The Retired Enlisted Association, The Retired Officers Association, The National Association for Uniformed Services, and the Class Act Group of Military Retirees.

I also want to thank Congressman CHARLIE NORWOOD for his cosponsorship and his efforts.

Before I close, Madam Speaker, I want to pay special tribute to one man: Jim Whittington. I want all of my colleagues here in Congress to know that the introduction of this landmark legislation is living proof that democracy really works in our country, and that one American citizen really can make a difference.

Jim Whittington is the most tenacious individual I know. Last March, Jim organized a summit of military retirees in his hometown of Laurel, Mississippi. The summit attracted hundreds of retirees from the southeastern United States.

Madam Speaker, if you ever have the opportunity to meet Jim, be prepared to get an earful. He is articulate and passionate about this issue.

And he is selfless. Jim does all right for himself, but he cares about his fellow retirees, many of whom have been abandoned by their country and need help.

Madam Speaker, I would not be introducing this legislation today without the persistence of Jim Whittington. He is what democracy is all about.

In closing, Madam Speaker, I am proud to introduce today ''The Keep Our Promise to America's Military Retirees Act.''

Passing this bill will let America's military retirees know that we honor them, we respect them, we appreciate them, and that we will keep our word to them.

And passing this bill will get the attention of the next generation of Americans, who must not be discouraged from military service.

They must know that the American people will value the sacrifice they would make by devoting their lives to national service.

After all, Madam Speaker, we must face the fact that we will always need heroes who will be willing to make the ultimate sacrifice!

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Missouri (Mr. HULSHOF) is recognized for 5 minutes.

(Mr. HULSHOF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from American Samoa (Mr. FALEOMAVAEGA) is recognized for 5 minutes.

(Mr. FALEOMAVAEGA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

BUDGET COMMITTEE REPORT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. KASICH) is recognized for 5 minutes.

Mr. KASICH. Madam Speaker, pursuant to Sec. 314 of the Congressional Budget Act, I hereby submit for printing in the CONGRESSIONAL RECORD revisions to the allocation for the House Committee on Appropriations pursuant to House Report 106–288 to reflect $77,000,000 in additional new budget authority and $13,000,000 in additional outlays for international arrearages. This will increase the allocation to the House Committee on Appropriations to $543,200,000,000 in budget authority and $582,478,000,000 in outlays for fiscal year 2000.

As reported by the House Committee on Appropriations, H.R. 2606, a bill making appropriations for Foreign Operations, export financing, and related programs for fiscal year 2000, includes $77,000,000 in budget authority and $13,000,000 in outlays for international arrearages.

These adjustments shall apply while the legislation is under consideration and shall take effect upon final enactment of the legislation.

ON AGRICULTURE APPROPRIATIONS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Madam Speaker, I rise to object this evening to the manipulation of the leadership of this body, particularly the Speaker, Mr. HASTERT, and the majority leader of the other body, Mr. LOTT, that is essentially disenfranchising the membership of this body with regard to one of the most important issues before us, and, that is, meeting the needs of rural America, the disaster affected regions of our country, our farmers, who are experiencing historically low prices and bad weather, sort of twin eviscerators, that we are witnessing the hemorrhaging of equity out of rural America.

For the record and for the American people and hopefully for my fellow Members, I come to the floor tonight to recount what has been happening here sort of below the surface where the press is generally not picking up on it.

Employing what certainly must be the most unusual committee process I have ever experienced in my 17 years here in the House, the Republican leadership of this House has basically taken the drafting authority of our appropriations agriculture subcommittee away from our membership. Last week, the Republican leadership of this House as well as the Senate subcommittee twice recessed our conference committee because they could not reach agreement on the Republican side of the aisle on at least three provisions relating to regional compacts regarding milk, sanctions on terrorist states, and the level of disaster assistance that is really necessary in our country to meet the needs of our farmers in rural communities coast to coast. Our subcommittee has not met since last Wednesday due to that disorganization. Then over the weekend and early this week, Speaker HASTERT and Senator LOTT, their offices began drafting something for floor action. That effort is now being circulated in the form of a committee report that a majority of House subcommittee Republicans thus far, as of 5 p.m. today, had refused to sign, and which no Democrat had seen at all, certainly not those of the subcommittee of jurisdiction where we have legal responsibility to meet our obligations to the American people.

The Republican leadership appears to be deal-making on such matters as mandatory price reporting, for example, to try to get a majority of the members on their side of the aisle to sign on to that report. The difficulty is that if that happens, let us say they make enough deals to bring that bill to the floor, that will be brought to the floor without our subcommittee membership in conference being allowed to amend and discuss under regular order as is required by the rules of this institution. Thus, Democrats for sure will not be able to offer amendments on such critical issues as the fairness and the adequacy of the formulas and the commodities and sectors to be covered in the bill, as well as the economic level of assistance and disaster assistance titles of the bill, which are extremely expensive and depending on how they are drafted benefit certain regions of the country and certain sectors more than others. We will not be able to deal with the sanctions issue, we will not be able to deal with many of the other titles of the bill that our members wanted a chance to discuss. We will only be left with the option on this floor of taking that report and being given a moment in time to vote to recommit it back to conference, which obviously has been recessed, if we do not like something that is in that report.

As of Tuesday at 5 o'clock, now it is 6:25 here in Washington, the minority membership of the committee does not have a copy of the working document, at a time when rural America is in crisis. I have really been working with the leadership on our side of the aisle and I have pleaded with the leadership on the other side of the aisle to let us go back to regular order.

This is wrong, this is not the way to run the Nation, and really what you find out is in the end that good government is good politics. If we use the full membership of this institution, if we each bring our experiences to the table, which is what a conference committee is supposed to be for, in the end we produce legislation that meets the needs of all corners and all quarters of our country. This is really the wrong way to do business.

Today we had to pass a continuing resolution to keep this institution and the country operating for the next 2 weeks in order that these respective bills might be finished. The Agriculture appropriation bill this year is

one of the most important we will bring before this body. These procedures that have been used are completely atypical. I would beg the leadership to go back to regular order.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

(Mr. METCALF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. BROWN) is recognized for 5 minutes.

(Ms. BROWN of Florida addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. ROHRABACHER) is recognized for 5 minutes.

(Mr. ROHRABACHER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REPORT ON RESOLUTION WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 2606, FOREIGN OPERATIONS, EXPORT FINANCING AND RELATED PROGRAMS APPROPRIATIONS ACT, 2000

Mr. SESSIONS, from the Committee on Rules (during the special order of Mr. PALLONE), submitted a privileged report (Rept. No. 106–345) on the resolution (H. Res. 307) waiving points of order against the conference report to accompany the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2559, AGRICULTURE RISK PROTECTION ACT

Mr. SESSIONS, from the Committee on Rules (during the special order of Mr. PALLONE), submitted a privileged report (Rept. No. 106–346) on the resolution (H. Res. 308) providing for consideration of the bill (H.R. 2559) to amend the Federal Crop Insurance Act to strengthen the safety net for agricultural producers by providing greater access to more affordable risk management tools and improved protection from production and income loss, to improve the efficiency and integrity of the Federal crop insurance program, and for other purposes, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT FROM COMMITTEE ON RULES REGARDING SUBMISSION OF AMENDMENTS ON H.R. 2723 REGARDING MANAGED CARE PLANS AND OTHER HEALTH COVERAGE

(Mr. SESSIONS asked and was given permission to address the House for 1 minute.)

Mr. SESSIONS (during the special order of Mr. PALLONE). Madam Speaker, this afternoon a ''Dear Colleague'' letter was sent to all Members informing them that the Committee on Rules is expected to meet the week of October 4, 1999, to grant a rule which may restrict amendments for consideration of H.R. 2723, a bill regarding managed care plans and other health care coverage. Any Member contemplating an amendment to H.R. 2723 should submit 55 copies of the amendment and a brief explanation to the Committee on Rules no later than 3 o'clock p.m. on Friday, October 1. The Committee on Rules office is located in H–312 in the Capitol. Members should use the Office of Legislative Counsel to ensure that their amendments are properly drafted and should check with the Office of the Parliamentarian to be certain their amendments comply with the rules of the House.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Madam Speaker, tonight I would like to talk about the Patients' Bill of Rights, the managed care reform legislation which will be considered on the floor of the House of Representatives next week.

My happiness, if you will, over the fact that the Republican leadership in the House of Representatives has said that they will allow a debate on HMO reform next week that will include the Patients' Bill of Rights is somewhat tempered by my concern that the way they may set up the procedure for the debate and the consideration of managed care reform, or HMO reform, may in fact be nothing more than a way to try to kill effective HMO reform and essentially end up with a bill that passes the House and that goes to the Senate that does not accomplish the goal of providing real patient protections.

I just wanted to mention very briefly, if I could, why we need the Patients' Bill of Rights and why my concern about what the Republican leadership may try to do is legitimate.

My colleagues know that I have been on the floor and in the well here many times over the last several years talking about the need for the Patients' Bill of Rights, and the reason for that is there are so many abuses with patients, with constituents that I have, with Americans, who have their health care delivered with HMOs or with managed care, and those abuses have come to light with our constituents calling us up, coming to our office, testifying at various hearings that we have had, particularly those with our Democratic health care task force.

□ 1830

I would say, if I could, to summarize the problems in our attempt to address the problems, basically fall into two broad categories. One is the issue of medical necessity. Too many times HMOs simply do not allow the particular patient to have the operation that their doctor thinks they need or to stay in the hospital for the length of time that their doctor thinks they should stay or to sometimes even to be able to have the information provided by their doctor about what kind of care that they need, and the reason that is true is because the HMOs increasingly make those decisions. Rather than decisions about what kind of operation you have or how long you stay in the hospital being made by your physician, which was the traditional way and the logical and sensible way for health care to proceed, HMOs increasingly have those decisions made by the insurance company in an effort to try to save costs.

We need to correct that. The decision about what is medically necessary, what kind of care you need, should be made by the physician and the patient, by the health care professional and the patient, not by the insurance company, and that is what we seek to do with the Patients' Bill of Rights is to turn that around and give that decision about what is necessary for your health back to the physician and to you.

The second thing we do and the second most important area where there is abuse is that if a decision is made that you cannot have an operation, for example, that your physician and you think that you need, you should be able to appeal that, and right now that is almost impossible because most HMOs define on their own what is medically necessary, what kind of operation you are going to have. And then if you seek to appeal, the only appeal is to an internal review board which they control. And what we say in the Patients' Bill of Rights is that there should be an independent review, an external review, by people that you can appeal to who are outside the control of the HMO, independently will decide whether or not the HMO's decision was wrong and can be overturned.

And failing that, if that fails, that you should be able to sue and enforce your rights in a court of law which is not the case now because many people, most Americans actually, fall under a Federal preemption called ERISA that says that if their employer is essentially self-insured, which most employers are these days, that then you cannot sue the HMO for damages or to overturn a bad decision about what kind of care you should receive.

The Patients' Bill of Rights has a lot more aspects to it. And some of my colleagues who are here tonight and joining me, I am glad to hear, will go into the details about that. But the bottom line is that if we were allowed the opportunity, which hopefully we will next week, to bring up the Patients' Bill of Rights, which is now a bipartisan bill. Most every Democrat supports it, and we have a number of Republicans, about 20 or 30, that also support it, but the Republican leadership still very much is opposed to it.

Madam Speaker, I just want to say one more thing preliminarily here tonight before I yield to my colleague from Texas and that is that what I am fearful is going to happen, and we have already heard today the Speaker had a press conference and he indicated that he was going to bring up another piece of legislation, which I think is nothing more than an effort to muck up the Patients' Bill of Rights and create a situation where the bill that finally passes next week is something that cannot pass the Senate, cannot get the President's signature.

And basically what he has proposed is what he calls an access bill that would provide more access to insurance for people who are uninsured. And let me just say very broadly I have looked at that so-called access bill; it is not an access bill. It is a bill that basically will make it more difficult for most Americans to get insurance and make the cost of insurance even higher, and the reason why it does that is very simple. It puts in the so-called poison pills, medical savings accounts, the MEWAs, the health marts; these are nothing more than vehicles that essentially allow wealthy and healthy seniors to opt out of the regular insurance pool, if my colleagues will, and make the costs for those people who are left and who are not healthy or wealthy, who are poor or middle class or who cannot be so sure that their health is going to be that great over the next few years, it makes the costs for those people of going out and buying insurance even greater.

So let us not let anyone, as my colleagues know, kid ourselves about what the Republican leadership is trying to do here next week. They are going to allow the Patients' Bill of Rights to come to the floor as an option, but they are going to make every effort to try to screw around with that bill, add things that will make it so that that bill either does not pass here in the House, cannot pass in the Senate or cannot become law, and we have to put a stop to that and demand a clean Patients' Bill of Rights that will provide adequate patient protections.

Madam Speaker, I yield now to the gentlewoman from Texas and say that, as my colleagues know, your State, as my colleague knows, and I am sure you and others will comment tonight, has already put in place a Patients' Bill of Rights which is very effective but unfortunately does not cover everyone because of the Federal preemption. And I note you have been here many times in your background as a nurse, you know very much what we are talking about in commonsense terms, not only as a Congresswoman, but also on a daily basis, and I yield to the gentlewoman.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I have not yet understood why there is such concern from the HMOs that people not have the right to complain when they feel that they have been harmed by the rules of an HMO. They must not have any confidence in the quality of care which they are making sure that are offered to patients.

In today's Washington Post there is a story on the Texas bill, and we are still waiting for the sky to fall, and it has not fallen, but the insurance people continue to say: But it will fall. Out of 4 million members of an HMO in Texas, I think they have had 4, maybe 5 lawsuits, and one was very recent, and it all has to do with the care. Now when HMOs offer quality care, there should not be any fear.

This bill in Texas was not carried by a partisan Democrat. It was a conservative Republican member that I served with in the Texas Senate who carried this bill, and, as far as I can tell, they are very pleased with having access because it does challenge HMOs to give more attention to the quality of care.

I still have a hard time understanding what the fear is. All the horror stories that were envisioned by the health insurance industry just has not happened, and while it is too early to see the full effect on my State, it is evident that the implementation of this legislation has had a dramatic effect on resolving complaints between the patients and their health plans before they go to the courthouse, which is where it should be.

But I have a real problem with us saying in a democracy that people, patients, do not have a right to challenge any institution that is in charge of their health care. It is ironic that the HMOs will tell physicians exactly what they can do and what they cannot do, and physicians are held accountable, but they refuse to hold themselves accountable when many of them really are not physicians but simply some bureaucrats that are interested in their bottom line.

The legislation enacted in Texas acted as a prime motivator for HMOs to settle their disputes with their patients, and regrettably, the vast majority of Americans do not have this option which I think is unconscionable in a country that practices the greatest democracy in the world.

I have a feeling that what we are facing even next week might not be the kind of approach to the whole problem that we have worked so hard for.

We do have bipartisan support for a very good Patients' Bill of Rights. I would like very much to see that bill to come to the floor and let us debate it and let us vote and let the votes fall where they may, as we do in many other situations.

I am a little suspect though. I do not believe that it will happen quite as easily.

But I do strongly believe that the Texas experience has offered a real example of what will happen or what can happen. I believe that if the sky was going to fall, it has had time to fall. I believe that if patients were just looking for someplace to file a suit, they can certainly find it without subjecting themselves to poor health care. I just do not believe that we are going to find the kind of uprising that we hear in a scare tactic.

Anything that we do short of making sure patients have an adequate and fair chance of good health care is not fair to the American people. At best, this bill that they are talking about bringing to the floor simply nibbles around the corners of the health care debate. It provides for health care savings plans and a 100 percent deductibility for individual insurance premiums for the self-insured and uninsured. But as my colleagues know, we have so many people that do not have access to insurance, and that will not mean anything to them.

And as my colleagues know, the insurance that we are talking about here will not touch most of the low-income people because they simply cannot afford to have that type of money set aside for a savings account for their health care insurance.

I think that option is one that perhaps ought to be there for those who can afford it, but what we are looking for is insurance that all Americans would have access to and can expect in return a decent practice of medicine by their own standards of medical practice that physicians are educated and trained to render and do not really need an insurance plan to tie their hands when they are the ones who have gotten this education.

□ 1845

One size really does not fit all. People really are different. When you are 7 years old and you have the same diagnosis, it can act up on the body quite differently than if you are 70 with the same kind of diagnosis.

Just to be discussing this in America at this time is something that puzzles me. I just simply cannot understand why we are going through this kind of debate of denial of people of their right to decent healthcare.

It is clear that managed care has brought about some lowering of costs, so I do not think we should throw the whole plan out, but I do feel strongly that patients have a set of basic rights they should be able to depend upon. They should have access to some specialist to see what that condition really is, second opinions, emergency room care, and, certainly, of all things, a physician who is taking orders from this plan should not be subjected any more to the risk of a lawsuit than the

plan that is dictating what he does, because very frequently if a physician is placed in that position, he often has to do things that are against really his better judgment. That is really not fair to the physicians.

If these plans feel so comfortable and so confident with what they are offering, there should not be any fear of lawsuits. People are not seeking lawsuits when they go to the doctor or go to a hospital. They are seeking care. I will tell you from personal experience, if everyone who went to a hospital would file a suit, it would be a very different pattern than what we are seeing in this country and a very different picture. Even hospital administrators and persons who work at hospitals will tell you that people do not really come looking for a way to file a lawsuit. They can find that more often than what they give attention to.

But the culture of denial that is going around in some of these plans is so very disappointing, to the point where it brings about a great deal more suspicion and a great deal more anger among people that know the difference in having access to some reasonable, decent healthcare, versus having a touch and a wipe across the top, so-to-speak, of a wound. It makes all the difference in the world of how a patient will get along, how long their convalescence will be, how long their illness might be.

All of us know that most of the time if a patient can get access to care quickly, with adequate and proper medication, that the illness can be shorter, and especially if they have confidence in the plan. But if they have got to go through a great deal of hassle, a great of emotional upheaval, and still not know for sure whether they are getting the best care, that within itself interferes with the healing process.

It seems to me that we have allowed ourselves to get so divided on this issue that the insurance companies have lost sight of what we are trying to do. They have lost sight of the fact that we are talking about human beings. They are only really seemingly interested in protecting their pockets and trying to be sure that people do not have the right to complain and get redress when they feel they have been harmed.

That is so very unfortunate. But, under the circumstances, we all must stand up as tall as we can and stand with the American people to be sure that, to the best of our ability, they have access to the care that they paid for, and that they get the quality care that we certainly can offer in this country.

I thank the gentleman for continuing to bring this issue to the forefront. It is one that will not go away. Every person in this country is interested in having access to quality care, and it is possible, without the world falling. I think my state of Texas has proven that.

Mr. PALLONE. I want to thank the gentlewoman. I am glad that you and our next colleague to address us are from Texas because of that article in the Washington Post today. You talked about the Texas experience and how that has shown over the last 2 years that there is not really any significant litigation, that there is not any significant cost increase in having patient protections, but that article today in the Washington Post really pointed out how true that is.

The best thing, I just have to mention this particular paragraph from the article, because, as the gentleman from Texas (Mr. GREEN) knows also, we have been talking about how the threat of the lawsuit and the reason why we believe that there are so few lawsuits in Texas is because of the fact that there is the threat of being able to sue, so the HMOs take a lot of preventative actions and do the prevention type things so they do not get sued.

There was a perfect quote in there where there were health plan administrators and physicians across Texas saying they have an intuitive sense that the threat of lawsuits has made HMOs more accountable. It says, ''Joe Cunningham, an internist in Waco, had asked an HMO a year ago to allow a patient to undergo an overnight study to find out if he had some kind of disorder. At first the HMO official balked, but when Cunningham said he worked in Texas, he was told, oh, well, you can do the test.''

That is a perfect example, that they know that they allow the test to take place, so they do not have a problem and they do not have any lawsuits. That is what I think is happening in your state.

Ms. EDDIE BERNICE JOHNSON of Texas. And the cost is not soaring.

Mr. PALLONE. I think we have figures that say the cost over the last 2 years since this was in place in Texas was about 30 cents more per month, which a lot of states have more than that. That is one of the lowest cost increases of any state. So I want to thank you again.

I yield to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. I thank the gentleman. It is a pleasure to be here and follow my colleague from Dallas. I know people who watch C–SPAN or Members on the floor may know, Congressman JOHNSON and I were elected to the Texas legislature together when we were, I think we were only 25 years old at that time, in 1972, and served together, both as state representatives and state senators and now in Congress. It is my honor to follow Congressman EDDIE BERNICE JOHNSON from Dallas. In Houston typically we do not like anything in Dallas, but we appreciate the colleagues that we have. So EDDIE BERNICE, it is good to follow you on the floor.

Let me just start off, because last week we had an event here which was a bipartisan press conference over at the Cannon Office Building, and there were lots of Members. If fact, there were Republicans and Democrats talking about the need for a Patients' Bill of Rights. Of course, it was hosted by Congressman NORWOOD and Congressman DINGELL, our ranking member on our Commerce Committee, and I had the distinction to follow a Republican Member from New Jersey. All of us were giving our 30 second or one minute speech, and she said, ''Even Texas provided this.''

Well, let me follow up on that a little bit. I got to follow her and say, ''You know, in Texas we like to think we are leaders.'' I have to admit there are some things I do not want to be the leader on that we are the leader on, but in managed care reform we are, and I am proud that in today's newspaper, as we saw here, it was in the Houston Chronicle, said that the Governor of California just signed some managed care reform legislation, a number of bills, that would do lots of things, including the accountability that is so important in our legislation, and also for some of the issues you have talked about. So California passed the legislation.

In Texas we passed it in 1997. A Republican state Senate and Republican state representatives passed this legislation. It meets the criteria, and all we have talked about is trying to do is use the examples of the states that have had success with these reforms, and, if it did not work, we did not want to adopt it.

It worked in Texas, because we have had that law now for over 2 years, and I think we reported there are four lawsuits that are filed, and I do not know if one of them is the one that the insurance industry challenged the law on, so that may be one of them.

But the most important part is that there are so many things, and I will get to it in a few minutes, about what we need in a Patients' Bill of Rights, not only accountability. If someone is standing in place of that physician, then they should also be accountable, just like that physician is. That is part of both the Texas and California law.

But the reason we have not had those lawsuits is we have a really strong outside appeals process, where it is swift and a person can go without having to go to court, to hire a lawyer and go through all the problems and delays. They can go there, because they want healthcare. They can have an outside appeal by an independent body. They will say yes, that particular treatment is needed. In Texas, in the two years over the number of appeals that have been filed, the insurance carriers have lost 50 percent of them. They have lost half of them.

You know what that makes me realize, is that if we had not had an appeals process under Texas law, then half of those people would not be receiving the healthcare that they paid for and that they need, and I use this as an example. If I was a baseball batter, you know, and if I batted .500, that would be great, if I batted 50 percent, but I

would hope we would have a better percentage than flip of a coin when we are dealing with healthcare decisions.

Again, the outside appeals process, if it is strong, you will not have to have the court battles, because people want healthcare. They do not want to necessarily go to court and wait 2 years-plus to be able to receive some type of care, because they need the healthcare.

What I am concerned about is what has happened last session and what we are going to see next week, and I am glad the Speaker has set the time for the House to consider the Patients' Bill of Rights. The fear I know they have is it increases costs and opens employers to unfair lawsuits, both of which are supposedly to force the employers to drop coverage. That has not been the experience in Texas.

What worries me is those two scare tactics and half-truths. Sure, I do not want my employers to drop their healthcare coverage, because that is so important, to have that third-party benefit that is part of an employment package. Particularly I do not want to have increased costs.

To follow up what, as you and my colleague from Dallas mentioned, is in Texas, I do not know if it was 30 cents a month, because what we showed over the period of the year or the year-and-a-half that we can look at the numbers is that there were no cost increases for health insurance in Texas that were not matched by other states that did not have these protections.

Prescription drugs went up. Certain costs were going up already for HMOs, so even though the Congressional Budget Office said that it would cost about $2 a month for the Patients' Bill of Rights, so, you know, I have heard the example that the cost for a Happy Meal you could get these protections. Well, in Texas it does not even cost the amount of a Happy Meal. So even if it was $2 a month, to be able to get fairness and protection and accountability for our health insurance, it is worth it.

Again, Texas passed it. It included the external appeals and the liability provisions, the accountability provisions, and, again, the only premium increases were attributed to higher costs of prescription drugs, which is another issue that our House hopefully will work on.

Moreover, there has been no exodus by employers to drop their insurance coverage because of the fear of employer lawsuits. There has not been one in Texas in 2 years. We have a pretty aggressive trial bar, having been a member of it before I came to Congress, and, believe me, if they had the opportunity, they would sue an employer, particularly a deep-pocket employer. But they are not, because employers are not being sued under this. Employers are not making the medical decisions and are not the ones liable for it. It is the insurance carriers and the people that they hire that are making these decisions.

What Texas residents do have is healthcare protections they need and deserve and the provisions in the Patients' Bill of Rights that should be extended to every American.

Again, my colleague from Dallas talked about it. The Texas law and the California law and whatever state law that may pass only covers insurance policies licensed by that state. They do not cover 60 percent of my constituents who receive their healthcare under ERISA or self-insurance programs. They come under Federal law. So that is why Texas and California and the other 48 states could pass it, but we still have to pass it on this floor of the House, to make sure that all Americans have the same protections, including eliminating gag clauses to where physicians are free to communicate with their patients, open access to specialists for women and children, the chronically ill, so they do not need to get a referral every time.

If I have heart trouble or have cancer, then hopefully I can go back to my oncologist or my cardiologist without having to every day go back or every time go back to my gatekeeper to get permission. So that way you speed up that healthcare. An external and binding and timely appeal processes that guarantees that patients have a timely review of those decisions. I talked about that earlier. The coverage for emergency care so families cannot be required to stop at the pay phone and get preauthorization before they get to the emergency room, and they do not have to pass up an emergency room to go to the one that is on their list, that they can go and get stabilized and if they need to have continued emergency care once they get stabilized, they can be transferred to whoever that HMO made that contract with.

Also hold the medical decision-maker accountable. Again, that is one of the most important parts of any legislation. This is not a shift of medical decisions to the court, nor is it to put employers at risk. It will ensure that the people who may recklessly in some cases deny coverage are accountable for their decisions.

I tell this story, and I have done it on the floor of the House and done it a number of times. I happen to be fortunate, my daughter just started medical school over a year ago, and so two weeks into her medical school career I spoke to the Harris County Medical Society and said she is not quite ready to do brain surgery, she has only been in the school two weeks.

During the question and answer period I had a physician who is now serving as our president of our Harris County Medical Society say, ''You know, your daughter after 2 weeks in medical school has more training than people I have to call to treat you or your constituents.''

□ 1900

That is what is the problem. That is why we have to have accountability, not to the physician, but to the people who are making the decisions for that physician.

Instead of recognizing the affordability and the value of the Patients' Bill of Rights, I am concerned that the Republican leadership may talk about a push to half fixes with loopholes in it.

To be honest, after what we went through last year with the Patients' Bill of Rights here on this floor, I am concerned. Although, this year, we have a different Speaker. One does not serve in Congress if one is not an eternal optimist. We will see things change this year to where we will have a fair run with a decent bill like the Norwood-Dingell bill, I see the gentleman from Iowa (Mr. GANSKE) here, that has, like the gentleman from New Jersey (Mr. PALLONE) said earlier, almost every Democrat and a host of Republican Members, and how that is important.

My concern, again, is that we do not have some rule. Again, earlier, we heard the gentleman from Texas from the Committee on Rules come in and talk about some of the rules that the Committee on Rules may put on us and limit our ability to actually pass a real strong Patients' Bill of Rights, or maybe add things to it that may not even be germane.

Sure, I would like to have a tax deduction for health care insurance premiums, not just for sole proprietors, but for everyone. Because I have a district where a lot of our employers, particularly for lower wage workers, maybe $7 or $8 an hour, they may not pay the whole insurance premium for their employees. So the employee has no tax deduction for that.

But we need to stop stonewalling and support the Patients' Bill of Rights and give us a fair run on the floor without any poison pill amendments that will make it so much worse.

I know campaign finance reform, 2 weeks ago, we beat back every amendment that was, quote, a poison pill on campaign finance reform; and we passed a strong campaign finance reform to the Senate. I would hope we would use that as a guideline at least and pass a strong Patients' Bill of Rights that will provide those protections for all Americans, and not just those who happen to have a policy that is licensed by the State of Texas or licensed by the State of California.

I thank the gentleman from New Jersey for this special order tonight. He must have worn out lots of pairs of shoes standing where he is at over the last 3 years. I appreciate him allowing us to participate in it.

Mr. PALLONE. Mr. Speaker, I just wanted to mention if I could, before I move to the gentlewoman from Connecticut (Ms. DELAURO), that what we are getting from the insurance companies, from the HMOs, and the gentleman from Texas (Mr. GREEN) effectively refuted each of the three arguments, one, they are saying that the patient protections are going to cost too much. Clearly, the Texas experience shows that that is not true.

Secondly, they are saying that there are going to be too many lawsuits, which, again, the Texas experience shows dramatically that that is not true. Four or five lawsuits in 2 years, that is incredible.

The third thing I just wanted to elaborate on a little bit, and that is this latest notion, which we have been getting really in the last few weeks or last few months, this idea that the employers are going to be sued, and, therefore, they are going to drop coverage. Nothing can be further from the truth.

There is specific language had the bipartisan Patients' Bill of Rights, which is the Norwood-Dingell bill, that would specifically say that employers cannot be sued.

If I could just very briefly say that, the provision that is in the bipartisan bill protects employers from liability when they were not involved in the treatment decision. It goes beyond to even define that more explicitly by saying, explicitly, that discretionary authority, in other words, the situation where the employer would be somehow implicated and involved, if you will, in the decision, that discretionary authority does not include a decision about what benefits to include in the plan, a decision not to address a case while an external appeal is pending, or a decision to provide an extra contractual benefit.

Now, that sounds a little like a lot of legal jargon, but the bottom line is what they are saying here is that the employer cannot be involved because they are not involved in the treatment decision, and they are not even involved in a decision about what kind of benefits to include, whether or not to avoid an external appeal, whether to provide some kind of extra contractual benefit.

So I really cannot imagine any situation where an employer is liable under this provision. It has been put in there specifically to address that concern.

Mr. GREEN of Texas. Mr. Speaker, if the gentleman will yield just briefly, during the memorial week break, I spoke to a lot of large employers in my district. It was organized by the National Association of Manufacturers. During the question and answers, that question came up. I said if they write the language, we could put it in the bill.

I know there have been efforts by, not only the office of the gentleman from New Jersey (Mr. PALLONE), but also the main sponsors of it to ask for that language. So we do not have employers being sued for health care decisions unless they are the ones making those decisions.

So far, all we hear is that they would rather oppose the bill; and I think that is wrong. It has worked in Texas, and it is going to work in California, and I know it will work throughout our country.

Mr. PALLONE. Mr. Speaker, I yield to the gentlewoman from Connecticut (Ms. DELAURO) who, again, as the other two that have spoken tonight were here, I think it is at least 3 years now that she has been on the floor talking about the need for these patient protections. I am pleased that she is here with us tonight.

Ms. DELAURO. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for yielding to me, and I thank him for continuing to bring us all together. I think there is no greater champion in the House for patients' rights than the gentleman from New Jersey (Mr. PALLONE).

I am delighted to be here with him, with our colleagues from Texas, because I think the proof is in the pudding; and Texas has led the way in this effort. It is working. So we have the example.

Oftentimes, we can speculate as to what will happen or what will not happen with a piece of legislation, and those are legitimate concerns. But we have something that is working, it is working for the State of Texas, for the people of Texas; and it has not caused the kind of either chaos or increase in health care costs that a number of nay sayers said that it would.

I also would just reinforce another thing that my colleagues have said tonight, is that, in fact, the wonderful effort, the bipartisan effort that has been put together in the piece of legislation that we are talking about, that employers cannot be sued; and that this notion that they are liable in some way is a way in which to really derail what has been such a very, very well-crafted piece of legislation by folks who are genuinely concerned about what is going on in managed care today.

It is almost a historic moment because people have been working on this for such a long time that, after years of fighting for health care reform, we are on the verge of victory, of a great victory.

A number of our Republican colleagues, including a number of doctors, and the gentleman from Iowa (Mr. GANSKE) is on the floor here tonight, Republicans have joined with Democrats to support a real Patients' Bill of Rights. We have a good chance of passing bipartisan HMO reform this year. It is very, very exciting.

But, as we stand on this doorstep of victory, if you will, there are some in this body that will continue to want to shut the door on that kind of reform.

As a footnote, we have been able to pass good, solid legislation in this House that has come from bipartisan effort of Democrats and Republicans throughout the history of this country. We are on the verge of being able to do that again if they will give us the opportunity to do it.

I would just say that, today, the Republican leadership put its stamp of approval on a new health care bill that has been referred to tonight, talked about tonight; and that, in fact, is nothing more than an attempt to kill HMO reform this year.

If the Republican leadership, and not the rank and file, because there is tremendous support from rank-and-file Democrats and Republicans to support the Dingell-Norwood bill, but if the Republican leadership wants to improve health care, please join with this effort to pass a Patients' Bill of Rights. It is legislation that has been endorsed by doctors, nurses, patient advocates, consumer groups. It is, in fact, the very best way to put power back into the hands of doctors and patients where it belongs.

Instead, we have, at this 11th hour, a decision to produce a piece of legislation for next week's debate. It is called the Quality Care for the Uninsured Act. The stated goal of the legislation is to improve access to health insurance, which is a worthy goal.

But no matter what its stated intention is, the fact is that this piece of legislation that has been crafted is a bill that could kill HMO reform for another year. The bill is not just bad because it hurts our chances to pass HMO reform, but it is bad on its own merit as well.

The gentleman from New Jersey (Mr. PALLONE) talked about this a little bit earlier. The Republican bill is dangerous because it includes risky Medical Savings Accounts. Study after study tells us that the MSAs are going to skim the healthy and the wealthy out of the health care system, leave everyone else in a weakened system, which will only drive up health care costs. This is not the way to fix our health care system.

The Republican bill is a budget buster. It was recently revealed that the Republican Congress has already dipped into the Social Security Trust Fund to the tune of $16 billion. So, perhaps, the notion is, ''well, what the heck, let us go back for some more.''

What this bipartisan bill, the Dingell-Norwood bill, says is that let us fully pay for what we are talking about; that we are not going to take money from the Social Security Trust Fund.

The so-called health care bill is a poison pill. It weakens the Patients' Bill of Rights. It invites a veto from the President. It took us 9 months, 9 months of fighting to be able to get a debate on Patients' Bill of Rights. We are out the door. Let us do it right. Let us do the right thing. Let us have a fair debate, an open debate about Patients' Bill of Rights. Then let us have a fair and open debate on how to improve access to health care for all Americans. Let us not use one issue to kill the other. That would be a tragedy for the American people.

I would just say about this bill that has just seen the light of day today that it does not address the liability issue, the right to sue, the right to some accountability in the process. We know that there is not any accountability in the process today for HMOs, a place to turn if an HMO is involved in making a medical decision, and it might go wrong. Where do people turn?

I was in Hamden, Connecticut this weekend where I did office hours, and two people came and talked to me and just begged for the opportunity to have an appeal process, a place to go, a place for accountability.

A gentleman lost his wife. We do not know all the particulars of the case, but she was in the hospital. She went home. She was told she had to go home. There was no one to monitor the toxics in her bloodstream . She was put back into the hospital, and she wound up passing away. The man just pleaded with me. He said, ''Where do I go? Who do I turn to?''

We are all asking for some accountability in the process; that is all. It is not unreasonable. This piece of legislation that has been proposed today does not allow for any accountability. What the gentleman from Michigan (Mr. DINGELL) and the gentleman from Georgia (Mr. NORWOOD), which Republicans and Democrats have come together on, would do is put accountability into this process. It is critical that it exists.

We need to reform HMOs. We need improve health care access. We need to help those with insurance who have lost control of their medical decisions. We need to help those who are without any insurance, we need to help them to gain entry into the system.

Next week, we have the opportunity to do the right thing, to pass a bipartisan Patients' Bill of Rights that could truly make a difference in the lives of the people that we represent.

My cry, I know the gentleman from New Jersey, I know my Republicans who have joined in this effort, our colleagues from Texas and all over the country, let us do it together. Health care is not a partisan issue. It is an issue that is on the minds of every American family in this country. Let us do the right thing next week.

I thank the gentleman from New Jersey (Mr. PALLONE) for the role that he has played in this effort.

Mr. PALLONE. Mr. Speaker, I just wanted to follow up on what the gentlewoman from Connecticut (Ms. DELAURO) said, particularly about this latest initiative, if you will, that the Speaker put forward today. I am going to be harsher than she is in saying that I have absolutely no doubt that this new proposal that was put forward is nothing more than an effort to try to kill the Patients' Bill of Rights.

□ 1915

And it is amazing to me the theme of the proposal that the Republican leadership put forward today, which is that somehow the Democrats are not doing the job because we are focusing on managed care reform which only impacts people who actually have health insurance, who are in HMOs, and that the Republican leadership, the Speaker, is not concerned so much with the people who have insurance who are in HMOs but the people who do not have insurance, the uninsured.

The hypocrisy of that is so blatant. We as Democrats, and President Clinton and Vice President GORE, have spent the last 5 or 6 years putting forth proposals to address the problems of the uninsured, starting with the President's universal health care coverage, then the kids' health care initiative, the effort to try to address the near elderly, which would let people 55 to 65 buy into Medicare. There have been so many proposals to try to deal with the problem of the uninsured, and all of them have either been put aside, the Republicans have not let them come up; or maybe after they had been kicked and they were screaming, after we pushed and pushed and pushed, as in the case of the kids' health care initiative, we were finally able to get to the floor, but those were Democratic initiatives.

I also just wanted to say very briefly that what the Republican leadership is trying to do is to say that managed care is unimportant, let us focus on the uninsured. That is a false premise. We have been spending a lot of time over the last year trying to say that we need to address managed care reform. Let us do that now. I am more than willing to deal with the problem of the uninsured later.

I just wanted to say, if I could, that I find this so ironic, because I brought with me today a document that I used in the last debate on HMO reform where the Republican leadership tried to kill the Patient Protection Act. This is from July of 1998, about a year ago, and that was at the time when the House Republican leadership announced their response to the then Dingell-Ganske bill.

And our colleague, the gentleman from Iowa (Mr. GANSKE) is here tonight. This is just from a statement that I made. It says, ''In an attempt to mislead supporters of the Dingell-Ganske Patients' Bill of Rights, the House Republican leadership has called for new legislation.'' They called it the Patient Protection Act. ''However, a more apt title would be the Insurance Industry Protection Act. It not only excludes many key provisions that are essential for consumer protection, but vehemently opposed by the insurance industry, but also includes a number of provisions that would reduce current consumer protections and destabilize the insurance market.''

The three things that are in this bill that the Speaker put forward today, rather than bringing more people into the ranks of the insured, would make it virtually impossible for those who do not have insurance to buy insurance, and I just wanted to mention the three things. The gentlewoman from Connecticut has mentioned them already.

One is the health marts. The Republican plan creates health marts under the guise of offering choice to individuals in small business. In reality, health marts would be able to selectively pick what areas they offer their product in, avoid State consumer protection laws, and selectively contract with providers to avoid enrolling people in certain areas. These entities would skim the healthy out of the insurance market leaving everyone else with increasingly unaffordable premiums.

The next thing are the MEWAs, the multiple employer welfare arrangements. These, again, make it so that whoever is left in the system has to pay more and cannot get insurance.

And the last thing, the medical savings accounts, again, we have had these medical savings accounts on a demonstration basis for a couple of years now. Nobody wants them. Nobody even enrolls in them. But if the healthy and wealthy do enroll, that just leaves the sicker and poorer people out there with no insurance and the inability to buy because the cost goes up.

So all I am trying to say is that what the Speaker proposed today is not going to help the uninsured, it is going to make it more difficult for the uninsured to get insurance. It does just the opposite.

Ms. DELAURO. The gentleman has just made so many accurate points here. The whole notion of this new piece of legislation at the last moment, at the same time, really is deja vu all over again. Because we are at a moment when we can pass something that is meaningful, and the Republican leadership has come up with something that is flawed in so many ways.

But I think it is so interesting that the Speaker seems to be suffering from short-term memory. The Democrats joined with President Clinton in 1993 to try to offer universal coverage to people in this country. The fact of the matter is at that time Republicans joined with the insurance industry to kill the legislation. This is revisionist history when we take a look at a document that talks about dealing with the uninsured.

We have stood here night after night after night for the last several years talking about medical savings accounts. This is why they call it skimming. When they pull out the people who are the healthiest and the wealthiest, the most frail are thereby left in the system, which only drives the costs up.

This is a kind of a bolt from the side here to throw into the mix at the last moment, in the same way, quite frankly, campaign finance reform was handled a few weeks ago. It was an effort to put up something that was spurious, that in fact would wreck and kill campaign finance reform. This is the same thing; trying to kill HMO reform. I do not think that they will get away with it, because there is good solid bipartisan support for a Patients' Bill of Rights.

And I know that my colleague from New Jersey and I will continue to be, our colleagues from Texas and California that just passed legislation in their Statehouse there, we are all going to be on our feet and talking about this and engaging the public in this debate.

Mr. PALLONE. I thank the gentlewoman from Connecticut. This is just the beginning.

I heard one of our colleagues from Texas on the other side talk about the rule and the Committee on Rules and how this managed care debate is going to be formulated. Obviously, we will keep our eye on this to see how the procedure goes. But every indication I have today from the Republican leadership, not from the Republicans that support the Patients' Bill of Rights but from the leadership, is that they are going to try to muck this up and make patient protections impossible.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, we are about 1 week from having at least 1 day of debate here on the floor of the House of Representatives on managed care reform and, hopefully, we will pass the bipartisan consensus patient protection bill of 1999.

There has been a lot of talk about what is in this bill, so I want to go over some of the specifics. And then I want to focus a little bit about some of the miscommunication that has been put out about the bill in regards to its liability section, since I was largely responsible for writing the liability section in a previous bill.

First of all, the bipartisan consensus patient protection bill of 1999 deals with access to care. I think the opponents to this legislation want to focus on one issue, and that is the liability provisions. But there is a lot in this bill. This is a comprehensive bill that is important to the people of this country, and it is part of the reason why over 300 organizations, patient advocacy groups, consumer groups, provider groups, have endorsed this bill.

What are some of the provisions in the bill that make this an excellent bill? First of all, access to emergency services. Individuals should be assured that if they have an emergency, those services will be covered by their plan. The bipartisan consensus bill says that individuals must have access to emergency care without prior authorization in any situation that a prudent layperson would regard as an emergency.

What does this mean? Well, this means that if, for instance, an individual wakes up in the middle of the night and has crushing chest pain, is hot and sweaty, and that individual happens to remember an ad put on TV by the American Heart Association that these could be signs an individual could be suffering from a heart attack, that that individual can go to the nearest emergency room, pronto, to be treated. That is what a prudent layperson would define as a potentially impending fatal heart attack.

Now, the problem that we have had is that a lot of HMOs will say that if the tests show that the patient is actually not having a heart attack, even though the symptoms indicated that they were, if the tests after the fact show that the electrocardiogram was normal, that maybe the individual was suffering severe inflammation of the esophagus or the stomach, they say, well, see, the patient was not really having a heart attack so they did not really need to go.

The problem with that is that when that kind of attitude gets around, people then start worrying that they are going to be stuck with a big bill and they may then delay getting the needed care that they need in an expeditious fashion. The next time it happens it may really be a heart attack, the individual may delay taking action, and then they may not make it to the emergency room.

That is the type of thing that we are looking at fixing in this bill. We did this for Medicare, by the way. This should be a noncontentious issue. We have already passed that provision for Medicare. Why can we not apply it to everyone in this country who buys insurance? Especially those who take up HMO insurance.

How about the provisions for specialty care? Patients with special conditions should have access to providers who have the expertise to take care of them. The bipartisan consensus bill allows for referrals for people to go outside of the plan's network for specialty care at no extra cost for the enrollee, if there is no appropriate provider in that health plan. This is really important to a lot of consumer groups, a lot of patients with certain types of chronic care that need a specialist. A person with rheumatoid arthritis, for instance.

Chronic care referrals for individuals who are seriously ill or require continued care by a specialist. A plan should have a process for selecting a specialist who can be the regular doctor for that patient, so that every time a patient has to go and see their cancer doctor they do not have to get a referral from the health plan.

How about women's protections? The bipartisan consensus bill provides for direct access to obstetricians and gynecologists for services.

Children's protections. The bipartisan bill ensures that the special needs of children are met, including access to pediatric specialists. Children are not just little adults. Before I came to Congress, I was a reconstructive surgeon. I took care of a lot of children with birth defects. They have special needs. If a child has cancer, that child ought to have access to a pediatric oncologist.

Continuity of care. Patients should be protected against disruptions in care because of a change in the plan or a change in the provider's network status. Let us say a woman is a couple months from delivering. She has been followed by her obstetrician for two-thirds of her pregnancy. All of a sudden the plan says, well, we are changing the plan. This guy or this woman is no longer in the plan. That is a significant disruption in care.

How about somebody who is dying and they have been followed or taken care of by a certain physician? There are certain benefits to continuity of care in terms of quality of care, and we ought to make sure that people who are right in the midst of complicated treatments do not have their care disrupted by a plan arbitrarily changing their physicians.

Clinical trials. This is part of the reason why, for instance, the American Cancer Society has endorsed the bipartisan consensus managed care patient protection bill. Access to clinical trials can be crucial for treatment of an illness, especially if it is the only known treatment available. Plans under this bill must have a process for allowing certain enrollees to participate in approved clinical trials, and the plan must pay for the routine patient costs associated with those trials. That is in our bill.

□ 1930

Drug formularies. Prescription medications are not one size fits all. For plans that use a formulary, beneficiaries should be able to access medications that are not on that formulary when the prescribing physician dictates.

Choice of plan. Choice is one of the key elements in consumer satisfaction with the health system. The bipartisan consensus bill would allow individuals to elect a point of service option when their health insurance plan did not offer access to non-network providers. Any additional costs would be borne by the patient. This is a fair compromise.

People should be informed about decisions about their health plan options, and they can only know what their plan is doing if their plan provides them with sufficient information. This bill requires managed-care plans to provide important information so that consumers can understand their plan's policies, their plan's procedures, their plan's benefits and requirements.

I mean, a lot of opponents to this legislation say, oh, just let the free market work. Well, the free market is not really working, because most people do not have a choice for their health plans. Most employers will select one plan, most frequently on the basis of cost; and then they will say to the employee, take it or leave it. So it is not like the employee is getting that choice.

People who are denied care ought to have a reasonable utilization review process. When a plan is reviewing the medical decisions of its practitioners, it should do so in a fair and rational manner. This bill lays out basic criteria for a good utilization review program with physician participation in the development of the review criteria, the administration by appropriately

qualified professionals, timely decisions within 14 days for ordinary care, up to 28 days if the plan requests additional information within the first 5 days or 72 hours if they need an urgent decision.

They should have the ability to appeal those decisions, and they should be able to appeal in a fair process within the plan. And they ought to have an external appeal so that if at the end of their utilization review or their internal appeal within their plan and the plan is still saying, no, we are not going to give you this care and everything you have read about it and your own physician is telling you this is prevailing standards of care and you can be harmed without it, then an individual ought to have access to an external, independent body with the capability and authority to resolve disputes for cases involving medical judgment by the plan.

The plan should pay the costs of that process and any decision should be binding on the plan. And that is what is in our bill. If a plan refuses to comply with the external reviewer's determination, the patient should be able to go to Federal court to enforce that decision. And there could be a penalty. And that is in our bill.

I am going to talk about liability, though, if there is an injury. There are certain things in this bill that to me, as a physician, are absolutely essential for good health care. Consumers should have the right to know all of their treatment options. A few years ago I gathered together about 50 examples of contractual language from HMOs. Some plans try to limit the amount of information that you can receive from your doctor.

Let me give my colleagues an example of how this can work. Let us say a woman would come to me with a lump in her breast. She would give me her history. I would examine her breast. Under those types of gag rules and those contract clauses that some HMOs have put out, before I could tell this woman what her three treatment options were, one of which might be more expensive than the other, I would be obligated to first phone the health plan and say, Mrs. So-and-so has this problem. Can I tell her about all three treatment options?

I mean, can you think of anything that would be worse in terms of a patient wondering whether they are being leveled with by their doctor? I mean, I am not saying that a plan cannot write a specific exclusion of coverage into their plan.

Let us say that a plan says we are not going to cover liver transplants. Well, that is a decision that that employer and that health plan is making. I would hope that an employee would have a choice to choose another plan.

Let us say that a patient comes in to see me as a physician and their treatment option is a liver transplant; that is the only thing that might save their life. Whether their plan pays for it or not, that patient has a right to know that that treatment is available that could save their life.

Now, the plan may not like the patient to know that because a patient might be unhappy about that. But the patient has the right to know that. That is in our bill.

There should be prompt payment of claims. Health plans should operate efficiently. There should be paperwork simplification. And finally, let us get back to the issue of responsibility.

As a Republican, I have voted many times for legislation that would make people and entities responsible for their actions. I know most of my Republican colleagues on this side of the aisle feel the same way. If a criminal commits a murder, that person should be responsible for his actions. We have passed several pieces of legislation that involve the death penalty for that type of behavior. That is responsibility.

We passed the welfare reform bill a few years ago. We said, look, if you are able-bodied and you can work, we will give you some help, some education. But ultimately it is your responsibility to go out and support your family. That is responsibility.

We have a situation here where, because of a law that was passed by Congress 25 years ago, employer health plans are not responsible for their medical decisions that can result in injury. That sort of seems unbelievable, does it not? I mean, the only health plans in the country that have that kind of exemption from liability, from responsibility for injury that they can incur on a patient because of their decisions are employer group health plans.

The Members of Congress receive their insurance through what is called the Federal Employee Health Benefit Plan. Do you know what? If our plans are not providing care, then a Member of Congress could sue that health plan if that health plan resulted in injury to a Congressman's family. Because it is not an ERISA plan, it is not one of those employer plans. Other Government employees have the same right.

Church groups, for instance, that provide health benefits for their employees, those health plans are not free of any responsibility. When an insurance company sells a health policy to an individual and is under State insurance regulation, they are not free of responsibility for injuries that can result from their medical decisions. It is only these plans that, by a 25-year-old Federal law, gave an exemption for liability that they can cause injury to a patient, they can arbitrarily define what ''medical necessity'' is, and you have no recourse other than to recover the cost of the treatment that was not provided, which, by the time you could get through that procedure might mean that you are dead.

Let me give my colleagues an example of what I am talking about. This is a little baby that I have treated before. I treated him for cleft lip palate, a birth defect. The standard treatment for this is surgical correction, both of the lip and of the palate. There is a functional reason for that. Without that surgical correction, if you eat, food comes out of your nose and you cannot speak correctly. And speech is an absolutely essential part of our culture.

So all insurance companies that I know of in the past, traditional insurance companies, do not consider correction of this birth defect, do not consider correction of this birth defect, a cosmetic procedure. This is a reconstructive procedure.

But under this Federal law that I am talking about, the ERISA law, the Employee Retirement Income Security Act, from about 5 years ago, an employer plan can define ''medical necessity'' as ''the cheapest, least expensive care,'' and they could say, no, we are not going to authorize a surgical repair for this birth defect. We are just going to give this little kid a piece of plastic to shove up into the roof of his mouth, something like an upper denture, and maybe that will help keep the food from coming out of his nose.

And do my colleagues know what? They would have no legal recourse to challenge that HMO. That is Federal law that allows them to do that. You could say that medical decision you are making, that medical judgment of ''medical necessity'' is wrong; it does not fit any of the proscribed norms for treatment. And it results in injury to this child. Because if he does not get his palate corrected, really, by about the age of one, he may have a speech impediment the rest of his life. And do my colleagues know what? They would have no legal recourse under that Federal law. That is wrong. That is not justice.

Let me give my colleagues another case. We have here a little boy who is tugging on his sister's sleeve. This picture was taken shortly before he was 6 months old. When he was 6 months old, one night about 3 in the morning he had a temperature of about 105 and he was pretty sick. And this beautiful little boy, looking so sick, caused his mother to phone the HMO and say, my little boy Jimmy is sick. He has a temperature of 104, 105. I need to take him to an emergency room.

She was on a 1–800 number, somebody thousands of miles away, who said, well, you know, when we look at your State, this was in Georgia, I can authorize you to go to this emergency room. And the mother said, well, that is fine. But where is it? Well, I do not know. Look at a map.

It turns out that the authorized emergency room was 70-some miles away, clear on the other side of Atlanta, Georgia. The mother knew that if she went and took him to another emergency room that is not authorized, they would be stuck with a great big hospital bill. So she wraps up little Jimmy. Ma and Dad get in the car and they start their trip, 3 in the morning. And about halfway there, they pass

three hospitals that have emergency rooms and great pediatric care facilities. But they do not stop because they have not received authorization from that HMO reviewer who made a medical judgment over the phone. The medical judgment was Jimmy is okay to travel 70 miles on a prolonged ride.

Before they get to the authorized hospital, little Jimmy has a cardiac arrest. His heart stops. He is not breathing. Picture Mom trying to resuscitate him. Dad is driving like crazy. They finally pull into the emergency room entrance. Mom leaps out of the car with little Jimmy, screaming, Save my baby. Save my baby.

A nurse runs out, gives him mouth-to-mouth resuscitation. They start the IVs. They pound his chest. They resuscitate him, and they get him back and they manage to safe his life.

□ 1945

Except they cannot quite save all of little Jimmy. Because he had that cardiac arrest, he ends up with gangrene of both hands and both feet, and both hands and both feet have to be amputated. This is a consequence of the medical judgment, the medical decision that that HMO reviewer at the end of a thousand-mile, 1–800 number made.

A judge reviewed this case. Of course under ERISA, the plan is liable for nothing other than the cost of the amputations. But a judge reviewed the case, and he came to the conclusion that the margin of safety for this HMO was, as he put it, ''razor thin.'' I would add to that, as razor thin as the scalpel that had to amputate little Jimmy's hands and feet.

The opponents to this legislation who want to maintain this type of legal immunity, they refer to cases like James Adams as ''anecdotes.'' They say, ''Oh, don't legislate on the basis of anecdotes.'' I look at this little boy, and I think, is this an anecdote? I mean, this little boy is never going to play basketball. I tell the Speaker of the House, this little boy will never be able to get on the wrestling mat. This little boy when he grows up and he marries the woman that he loves will never be able to caress her face with his hand. This anecdote that the HMOs say we should not legislate on, if he had a finger and you pricked it, he would bleed.

This is not just that a health plan can make that type of medical judgment and not be responsible for the injury that results. Plans should be more careful than that. The liability part is the enforcement mechanism to ensure that plans are more careful.

Now, look. The point of showing little Jimmy Adams is not necessarily to say that we need a lawsuit. My point is this: We need a mechanism to prevent this type of tragedy from happening. And we need the encouragement to the HMOs to follow that process. And the process would work like this: If somebody has an illness and they have a denial of care by their HMO and they go through that internal appeals process and they are still not satisfied, they can take that to an independent panel which would make a determination on medical necessity. We know from where this type of process has been set up that more than half of the time, the independent appeals boards agree with the health plan on the denial of care. But 50 percent of the time they agree with the patient. And if they agree with the patient and they tell them, the health plan, you should provide this treatment and the health plan does that, then under our bipartisan, common sense, compromise bill, that health plan is free of any punitive damages liability because they are simply following the independent external appeals recommendation. That is something that would be available for all health plans, whether they are ERISA plans or plans that are selling to individuals. That is a fair compromise on this issue. But if they do not follow those recommendations and you end up with an injury like this, then the plan is going to be liable under that State's laws, just as if they had sold that policy to the Adams family on their own, as individuals, rather than through their employer.

I hear an awful lot from the opponents to this legislation that you are just going to make the employers liable. Well, I would refer colleagues from both sides of the aisle to the actual bill, to page 97. We say that health plans are not exempted from liability. Health plans are not. But as long as the employer has not entered into that decision-making by that HMO, then the employer is not liable.

Madam Speaker, I have here a legal brief from the law firm of Gardner, Carton & Douglas which discusses this liability provision in some detail for the Norwood-Dingell bill.

Let me just summarize what this says on the liability provisions.

This says, ''Managed care industry miscommunications on this liability provision do not present an accurate analysis of the plan sponsor protections in the bill. The HMO industry claims the bill would subject plan sponsors, i.e., the employers, to a flood of lawsuits in State courts over all benefits decisions under their group health plans, and suggest that plan sponsors would be forced to abandon their plans. All of this is incorrect, for the following reasons.''

This is just a summary.

First, almost all lawsuits would not be against plan sponsors. Under current ERISA preemption law, suits seeking State law remedies for injury or wrongful death of group health plan participants are already allowed in numerous jurisdictions. Those cases show that these suits are normally brought against the HMO, not against the employer. The employers are generally not involved in ''treatment'' decisions that lead to a plan participant's, to the employee's, injury or death. ''Ordinary'' benefit decisions, such as whether to reimburse particular medical expenses, are not affected by our bill.

Second, the plan sponsor exposure would be limited. If a plan sponsor, i.e., the employer, exercises discretion in making a benefit claim decision and that decision results in injury or wrongful death, section 302(a) in our bill makes an exception to ERISA to allow a State claim. However, to recover, a plaintiff, the patient, or his family must first prove that the sponsor exercised discretion which resulted in the injury or death and then must prove all elements of a State law cause of action based on the sponsor's conduct in making the decision on that particular claim. The plaintiff must have a viable State law cause of action because our bill only creates an exception to ERISA preemption. It does not create a new cause of action.

Third. The statute's ''plain meaning'' limits plan sponsor liability. The provisions in our bill that protect plan sponsors would be interpreted under the Supreme Court's well-established ''plain meaning'' analysis. Such an analysis supports the bill's clear intention to continue to preempt any State law liability suits against employers that do not involve an exercise of discretion by them in making a decision that results in injury or death. Other types of ''discretionary'' plan sponsor action would not be affected and would not be subject to State law liability claims.

Finally, the private sector health care would not be destroyed. The limited legal exposure of employers under this bill will not cause them to abandon group health plans. The experience of retirement plans and ''non-ERISA'' plans, group health plans, support that conclusion. Plan sponsors would not need to abandon all control over group health plans to remain protected.

Madam Speaker, I include the foregoing document in its entirety for the RECORD:

[Memorandum]

From: Gardner, Carton & Douglas.
Date: September 27, 1999.
Subject: Liability of Plan Sponsors Under the Norwood-Dingell Bill (H.R. 2723).

You have asked us to analyze whether Section 302(a) of H.R. 2723, the ''Bipartisan Consensus Managed Care Improvement Act of 1999'' (the ''Bill'') could subject employers or others (such as labor organizations) who sponsor group health plans (''plan sponsors'') to potential liability under State law, for injuries or deaths resulting from coverage decisions under group health plans that they sponsor. As part of our analysis, you asked us to consider letters that have been prepared by some law firms for lobbying groups that are opposed to the Bill (the ''managed Care Letters'').

The Managed Care Letters do not focus on the central purpose of Section 302(a) of the Bill. That purpose is to fill an unintended gap under the Employee Retirement Income Security Act of 1974 (''ERISA''), by creating accountability for managed care organizations (''MCOs'') and others who make treatment decisions or provide services for participants in group health plans subject to ERISA. The gap results from judicial interpretations of ERISA which prevent the application of State law remedies that otherwise would redress an injury or death caused by

improper administration of a group health plan. Case law rules which attempt to define the limits of ERISA preemption in these circumstances are complex and differ from jurisdiction to jurisdiction. The Managed Care Letters shift attention from addressing this problem by characterizing Section 302(a) as an ''employer liability'' provision. Based on our analysis of Section 302(a), such a characterization is incorrect.

EXEUCTIVE SUMMARY

Protection for plan sponsors. The protection for plan sponsors included as part of Section 302(a) provides a meaningful and workable limitation on the potential State law liabilities otherwise allowed by the Bill.

Effect on ERISA preemption. Section 302(a) creates a limited exception to ERISA's general ''preemption'' of State laws that relate to employee benefit plans. The exception only applies to State law causes of action against any person based on personal injury or wrongful death resulting from providing or arranging for insurance, administrative services or medical services by such person to or for a group health plan. It does not disturb ERISA preemption of State law actions against a plan sponsor, except for actions based on the sponsor's exercise of discretion on a participant's claim for plan benefits resulted in personal injury or wrongful death of a participant. Other discretion by plan sponsors under a group health plan is not affected by Section 302(a).

The Bill's limited exception to ERISA preemption is not an ''employer liability'' provision. The Managed Care Letters do not present an accurate analysis of the plan sponsor protections in the Bill. They claim the Bill would subject plan sponsors to a flood of lawsuits in State courts over all benefits decisions under their group health plans, and suggest that plan sponsors would be forced to abandon their plans. All of this is incorrect, for the following reasons:

1. Most lawsuits would not be against plan sponsors. Under current ERISA preemption law, suits seeking State law remedies for injury or wrongful death of group health plan participants are already allowed in numerous jurisdictions. Those cases show that these suits are normally brought against MCOs—not against plan sponsors. Plan sponsors are generally not involved in ''treatment'' decisions that lead to a plan participant's injury or death. ''Ordinary'' benefit decisions (such as whether to reimburse particular medical expenses) are not affected by the Bill.

2. Plan sponsor exposure would be limited. If a plan sponsor exercises discretion in making a benefit claim decision under its group health plan, and that decision results in injury or wrongful death, Section 302(a) makes an exception to ERISA preemption to allow a State law claim against the sponsor. To recover, though, a plaintiff must first prove that the sponsor exercised discretion which resulted in the injury or death, then must prove all elements of a State law cause of action, based on the sponsor's conduct in making the decision on that particular claim for benefits. The plaintiff must have a viable State law cause of actions because Section 302(a) only creates an exception to ERISA preemption, and does not create a separate cause of action.

3. The statute's ''plain meaning'' limits plan sponsor liability. The provisions in Section 302(a) that protect plan sponsors would be interpreted under the Supreme Court's well-established ''plain meaning'' analysis. Such an analysis supports the Bill's clear intention to continue to preempt any State law liability suits against plan sponsors that do not involve an exercise of discretion by them in making a benefit claim decision resulting in injury or death. Other types of ''discretionary'' plan sponsor action would not be affected and would not be subject to State law liability claims. Interpretations of Section 302(a) which characterize it as a broad ''employer liability'' provision require one to ignore critical elements of Section 302(a), in violation of ''plain meaning'' analysis.

4. Private-sector health care would not be destroyed. The limited legal exposure of plan sponsors under Section 302(a) will not cause them to abandon group health plans. The experience of retirement plans and ''non-ERISA'' group health plans supports this conclusion. Plan sponsors would not need to abandon all control over a group health plan to remain protected. Having MCOs or other third parties make all claims decisions (as is often done), and then monitoring the third party preserves the sponsors' control. Or, sponsors could make the claims decisions and insure their exposure.

DISCUSSION

1. BACKGROUND

Relevant ERISA provisions. Section 502(a)(1)(B) of ERISA gives participants in an employee benefit plan subject to ERISA (including a group health plan) the right to sue: (i) to recover benefits due to them, (ii) to enforce their rights under the terms of the plan, or (iii) to clarify their rights to future benefits. Section 503 of ERISA and the regulations under that Section require every employee benefit plan to have procedures for notifying plan participants of denials of benefits and for appeals from such denials. Section 514(a) of ERISA states that the provisions of ERISA will supersede (''preempt'') any and all State laws which ''relate to'' employee benefit plans which are covered by ERISA.

Under these ERISA provisions, the Supreme Court and other federal courts have developed the following rules:

With limited exceptions, a participant must ''exhaust'' the ERISA claims appeal procedures under Section 503 before bringing a suit under Section 502(a)(1)(B). McGraw v. Prudential Insurance Co., 137 F.3d 1253, 1263–64 (10th Cir. 1998); Kennedy v. Empire Blue Cross and Blue Shield, 989 F.2d 588, 594–95 (2d Cir. 1993).

The ERISA causes of action are a participant's exclusive remedy to seek benefits or contest the administration of an employee benefit plan which is covered by ERISA. Pilot Life Insurance Co. v. Dedeaux, 481 U.S. 41, 47–57 (1987).

State causes of action which seek to mandate benefits structures or administration of plans covered by ERISA are preempted, as are those which seek alternatives to ERISA's enforcement mechanisms. N.Y. State Conference of Blue Cross & Blue Shield Plans v. Travelers Insurance Co., 514 U.S. 645, 657–58 (1995).

Under the ERISA causes of action, a participant or beneficiary can recover benefits to which he or she is entitled and certain other equitable relief. Other compensatory, non-economic or punitive damages are not available. Mertens v. Hewitt Associates, 508 U.S. 248, 255–62 (1993).

Managed care and ERISA. In the traditional ''fee-for-service'' group health plan that was prevalent when ERISA was enacted in 1974, a lawsuit based on personal injury or wrongful death arising from treatment under the plan did not implicate ERISA. The participant received the care prescribed by his or her doctor, with payment made or reimbursed by an insurer. If there was a bad medical result, the participant could sue the medical care provider.

Managed care arrangements, which became prevalent only after ERISA's enactment, place an intermediary between the group health plan participant and the medical care that is provided. MCOs, through their protocols and ''utilization review'' procedures, make decisions affecting every aspect of the patient's treatment, including decisions on medical procedures, facilities utilized, access to specialists, length of stay, and drug prescriptions. The consequence of an improper or negligent decision on any of these matters can be injury or death to the patient.

Today, an employer that establishes a group health plan often arranges for an MCO to provide the benefits to plan participants or beneficiaries. The employer may pay the MCO on a capitated basis or it can ''self-insure'' by paying the cost of treatment provided by the MCO.

ERISA preemption and MCO accountability. The combination of ERISA preemption and the use of MCOs by group health plans to provide benefits has produced a startling and unintended result. The MCO used by a group health plan may make a highly negligent treatment decision, and a participant may be injured or die as a result. If the MCO's actions are treated as acts of administration of an ERISA-covered plan, and therefore qualify for protection under ERISA preemption, the MCO is not accountable at law for the injury or death which results from its actions.

This is because the State law remedies are preempted by ERISA, and the only remedies under ERISA are the plan benefits to which the participant is entitled. The ERISA remedy is usually meaningless after the injury or death has occurred. Thus, an ERISA group health plan participant can suffer a ''wrong without a remedy.'' See Corcoran v. United HealthCare, 965 F.2d 1321 (5th Cir. 1992); Kuhl v. Lincoln National Life, 999 F.2d 298 (8th Cir. 1993); Spain v. Aetna Life Insurance Co., 11 F.3d 129 (9th Cir. 1993).

This result can only occur if the patient is covered by a plan that is subject to ERISA. Group health plans maintained by federal, state and local governments, or by church organizations, are not subject to ERISA—and aggrieved participants in those plans can sue MCOs in state courts. So can individuals covered by Medicare, Medicaid or by insurance coverage that they purchase themselves. Thus, the interplay of ERISA preemption provisions and managed care practices has created a situation where participants in ERISA plans are the only Americans with health care coverage who cannot go to court to hold MCOs accountable for their negligent or wrongful actions.

Some federal courts have recognized this unintended and illogical situation, and have tried to distinguish MCO activities that involve administration of ERISA-covered plans for MCO activities that inolve medical decision-making and the practice of medicine. See, e.g., Dukes v. U.S. HealthCare Inc., 57 F.3d 350 (3rd Cir. 1995). these decisions have allowed injured patients or survivors of decreased patients to bring state court actions agaisnt MCOs in some jurisdictions, in some circumstances. However, courts taking this approach are forced to engage in a difficult hair-splitting analysis of whether the claim at issue involves the ''quantity'' of benefits a patient received or the ''quality'' of those benefits—with preemption in the ''quantity'' case, and no preemption in the ''quality'' cases. Recent cases show how problematic this analysis is, with different results occurring with similar facts. Compare, for example, the decision in Moscovitch V. Danbury Hospital, 25 F. Supp. 2d 74 (D. Conn. 1988), with the decision in Huss v. Green Spring Health Services, Inc., 18 F. Supp. 2d 400 (D. Del. 1998). In both cases, an MCO decision was alleged to have led to the suicide of a family's son. In Moscovitch, the State law

claims were permitted, but in Huss they were held to be preempted by ERISA.

MCO accountability to participants in ERISA-covered group health plans should not depend on such hair-splitting. Nothing in ERISA or its legislative history suggests that ERISA-which was passed to protect plan participants—was intended to put plan participants in a worse position than other Americans with health care coverage.

Section 302(a) of the Bill. Section 302(a) of the Bill addresses this problem by carefully supplementing the ERISA preemption rules, with a new ERISA Section 514(e). The new provision first provides, in Section 514(e)(1)(A), that ERISA will not preempt an action under State law to: recover damages resulting from personal injury or for wrongful death against any person—(i) in connection with the provision of insurance, administrative services, or medical services by such person to or for a group health plan * * * or (ii) that arises out of the arrangement by such person for the provision of such insurance, administrative services, or medical services by other persons.

Next is Section 514(e)(2)(A), a special rules expressly intended to protect plan sponsors. It fully restores ERISA preemption with respect to: any cause of action against an employer or plan sponsor maintaining the group health plan (or against an employee of such an employer or sponsor acting with the scope of employment).

Finally, Section 514(e)(2)(B) states that the Section 514(e)(2)(A) protection for plan sponsors will not bar State law causes of action otherwise allowed by Section 502(e)(1), if: (i) such action is based on *the employer's or other plan sponsor's* (or employee's) *exercise of discretionary authority to make a decision on a claim for benefits covered under the plan* * * * and (ii) the exercise by such employer or other plan sponsor (or employee) of such authority *resulted in personal injury or wrongful death*. [Emphasis added.]

II. ANALYSIS

A. How likely are lawsuits against plan sponsors?

the structure of the proposed new ERISA Section 514(e), and the actual case law experience in jurisdictions which have allowed some suits against MCO's by participants in ERISA group health plans, both indicate that the ''flood'' of litigation against plan sponsors predicted in the Managed Care Letters is unlikely to occur.

Most group health plan benefit claims would be unaffected. New ERISA Section 514(e)(1) would permit state court suits against a person only where there is a personal injury or wrongful death. The vast majority of the ''benefit claims'' under group health plans do not involve personal injury or wrongful death, but instead involve matters such as: whether a person is eligible as a participant under the plan, attempts to secure pre-approval for a particular medical procedure or course of treatment; and claims for reimbursement of medical expenses already incurred by the participant or beneficiary.

These disputes are untouched by the Bill. They are still subject to the ERISA Section 503 claims and appeals procedures (including the alternative procedures provided by the Bill), and then (following exhaustion of the Section 503 procedures) could be pursued only in a suit under ERISA Section 502(a)(1)(B), where the plaintiff could only seek the limited remedies available under ERISA.

No cause of action available against plan sponsors in many cases. Putting aside the bulk of group health plan disputes, which stay within current ERISA procedures (including the alternative procedures provided by the Bill), we can turn to those which do involve allegations of personal injury or wrongful death. How likely is it that a plan sponsor will be sued in state court if such suits are permitted under new ERISA Section 514(e)(2)(B)?

Since 1994, a number of jurisdictions have allowed some state lawsuits based on personal injury or wrongful death of ERISA plan participants. Numerous suits like this have been brought, with some allowed to go forward in state court and others found to be preempted by ERISA. We have reviewed every reported opinion involving such a case.

As we analyzed the facts of these cases, as set out in the reported opinions, we found that the plan sponsor was almost never shown or described as a defendant. Specifically, in only two of the 75 cases we reviewed was there anything to indicate that the plan sponsor was sued, even though the plan sponsor might have selected the MCO and/or retained final discretion on claims appeals. Every other conceivable party seems to have been sued in these cases, including doctors, nurses, hospitals, MCOs and equipment manufactures, but not plan sponsors.

Why aren't plan sponsors (employees) typically sued? The reason why plan sponsors are not sued in these cases is probably because the personal injury or wrongful death occurs as a result of MCO actions in which the plan sponsor is not involved. The plan sponsor is not a part of the faulty diagnosis, the premature discharge, the use of the inappropriate drug or procedure, the refusal to admit, or the delay in surgery. It is these events which cause the alleged injuries and deaths. These are the well-publicized cases which have led congress to consider managed care reform. However, these are not plan sponsor decisions and are not likely to support a cause of action against the plan sponsor under the Bill's limited exception to ERISA preemption.

More specifically, the state law causes of action likely to be pleaded in situations like this have specific elements, all of which have to be established against a defendant. Many of the cases brought against MCOs are medical malpractice cases which would be inapplicable to plan sponsors (except, perhaps, where the group health plan actually operated a hospital or clinic). Negligence actions require a duty of care, as established by law, and a breach of that duty which is a proximate cause of the injury. Wrongful death statutes typically require a wrongful act which would have been actionable by the decedent, and which caused his or her death. The MCO actions attacked in the cases we reviewed could support such claims against an MCO, but not a plan sponsor. That is why plan sponsors were not defendants in the cases we reviewed, and why it seems they are not likely to be sued in similar situations if the Bill is enacted.

''Emotional distress'' claims. A related point which should be addressed is whether the Bill would permit a suit against a plan sponsor based on ''emotional distress.'' One of the Managed Care Letters suggests that a participant could seek mental health benefits, be denied, then sue in state court for ''denied benefits, emotional distress and lost job opportunities.''

Such a suit would not survive a motion to dismiss. While state courts may permit recovery for ''emotional distress'' or ''mental anguish'' without an accompanying physical injury, the proposed Section 514(e)(1)(A) requires a suit ''for personal injury or for wrongful death'' before there is any preemption of ERISA. ''Personal injury'' means ''physical injury'' (including physical injury arising out of treatment or non-treatment of mental disease). Therefore, absent physical injury, ''emotional distress'' is not enough to trigger the exception to preemption, and the state law claims are absolutely barred by Pilot Life.

The preceding analysis actually shows how effectively proposed Section 514(e) would work. First, the requirements for the exception to ERISA preemption (including the plan sponsor exercising discretion which results in personal injury or wrongful death) must be met; then all the elements of an applicable State law cause of action must be satisfied.

Where State law suit against plan sponsor would not be preempted. Without question, a plan sponsor could engage in conduct where it could be sued under the proposed new Section 502(e). For example, a participant could seek a cutting-edge cancer treatment, be denied and appeal to the plan sponsor's ''Benefits Committee.'' If that Committee denied the appeal and the participant died, a wrongful death action could be brought. But the plaintiff would have to prove the state law claim—showing, for example, that the Committee decision was in violation of a legal ''duty of care'' owed to the participant, and that it was the ''proximate cause'' of the participant's death. Cases like this occur, but they are not everyday matters, even in a large group health plan. The plan sponsor can insure against such liability, and can establish claims appeal procedures to build a record which can withstand scrutiny. In the alternative, it can transfer the appeals function to a third party with medical expertise, and monitor that entity's performance.

Once the scope and operation of the Bill's exception to ERISA preemption is examined, and once the characteristics of current suits against MCOs are reviewed, concerns about a ''flood'' of lawsuits against plan sponsors under the Bill should greatly diminish.

B. How likely is an interpretation of the Bill allowing broad plan sponsor liability?

Arugments in the Managed Care Letters. Ignoring both the limited scope of the proposed changes to ERISA and the detailed plan sponsor protection, the Managed Care Letters predict dire consequences from the Bill. They argue that the plan sponsor protections will be illusory, and that the Bill would subject plan sponsors to potential State court litigation over every coverage decision under a group health plan. The Managed Care Letters go on to state that this broad liability for plan sponsors would put them in an untenable position and make group health plans unworkable. Several arguments are made in support of these assertions.

''Discretion''. The Managed Care Letters suggest that, because ''discretionary action'' can occur in many contexts under ERISA, virtually any plan sponsor action regarding a group health plan will involve an ''exercise of discretionary authority'' that would make the plan sponsor subject to State law actions.

Imputed actions. The next argument is that under general agency concepts, the actions of a decision-maker, such as an MCO third party would be ''imputed'' to the employer, and the employer would thereby be deemed to have made an ''exercise of discretionary authority to make a decision on a claim for benefits covered under the plan.''

Retained control. Similarly, it is argued that, in reality, a plan sponsor will always retain some control over the actions of the MCO, and therefore will always be deemed to have exercised discretionary authority to make a decision on a claim for benefits covered under the plan.

Each of these objections can be addressed by applying the ''plain meaning'' rule of statutory construction to the proposed new ERISA Section 514(e).

Plain meaning—overview. The new ERISA Section 514(e) contained in the Bill, if enacted, would be subject to a well-established

rule of statutory interpretation which focuses on the ''plain meaning.'' This rule would strongly support the Bill's clear intention to prevent State law liability for plan sponsors that do not directly exercise discretion in making a benefit claim decision under their group health plan. Other types of ''discretionary'' plan sponsor actions would be well outside of the scope of the plain meaning of proposed Section 514(e)(2)(B).

The Supreme Court has repeatedly confirmed that the starting point to determine the meaning of a federal statute is the plain language of the statute itself. See, e.g., Central Bank of Denver v. First Interstate Bank of Denver, 511 U.S. 164, 171 (1994). If a court finds that this statutory language is unambiguous, the inquiry should be complete. See, e.g., Ardestani v. Immigration and Naturalization Service, 502 U.S. 129, 135 (1991).

Most importantly, with regard to the overbroad, hypothetical interpretations of proposed Section 514(e) found in the Managed Care Letters, the Supreme Court has confirmed that ''assertions of ambiguity do not transform a clear statute into an ambiguous provision,'' and that courts must be skeptical of clever readings of a statute that are based on ''ingenuity.'' United States v. James, 478 U.S. 597, 604 (1986). The Supreme Court has similarly stated that a statute can be viewed as unambiguous ''without addressing every interpretative theory offered by a party.'' Salinas v. United States, 118 S. Ct. 469 (1997).

This ''plain meaning'' approach has been used by the Supreme Court in a number of recent cases reviewing disputes involving federal employment laws. See, e.g., Hughes Aircraft Company v. Jacobson, 199 S. Ct. 755 (1999) (dispute under ERISA); Sutton v. United Air Lines, 119 S. Ct. 2139 (1999) (dispute under the Americans with Disabilities Act); Murphy v. United Parcel Service, 119 S. Ct. 2133 (1999) (same).

Plain meaning—applied to ''discretion.'' The Bill contains clear, straightforward language that allows State law actions otherwise allowed by the Bill to apply to a plan sponsor only when it engages in a direct exercise of discretionary authority to make a decision ''on a claim for benefits covered under the plan.''

To begin, the structure of proposed Section 514(e) is straightforward. New Section 514(e)'s structure of (1) rule, (2) exception, and (3) exception-to-the-exception, is orderly and understandable.

The Managed Care Letters argue that, under ERISA Section 3(21)(A), many types of ''discretion'' can create a fiduciary status for a person administering an employee benefit plan. This is true, but it is irrelevant to the plan sponsor protection provided by the Bill. Under the bill's literal language, plan sponsor protection is not lost whenever there is some exercise of discretion by a plan sponsor. It is only lost when there is plan sponsor discretion on ''a decision on a claim for benefits covered under the plan.''

The Managed Care Letters argue that, even with respect to discretion on claims for benefits, the Bill will be construed to broadly allow suits against plan sponsors under State law, because the plan sponsor may be viewed as ''indirectly'' exercising this discretion, for instance, by appointing the MCO which actually exercises discretion. Such an interpretation would read the words of Section 514(e)(2)(B) right out of the statute. This is precisely what is prohibited by the ''plain meaning'' rule.

In addition, the Bill carves out, in new Section 514(e)(2)(C), several specific plan sponsor activities which will not, in any event, constitute an exercise of discretionary authority on a benefit claim. They are: (i) decisions to include or exclude any specific benefit from the plan; (ii) decisions to provide extra-contractual benefits outside of the plan; and (iii) decisions not to consider the provision of a benefit while an internal or external review of the claim is being conducted. These carve-outs further insulate plan sponsors from State law actions in ''close call'' situations.

Plain meaning—applied to ''imputed actions'' and ''retained control.'' It is unrealistic to argue, as the Managed Care Letters do, that under general ''agency law'' concepts, actions of a third party decision-maker, such as an MCO, would be ''imputed'' to the plan sponsor, who would then be deemed to have made an ''exercise of discretionary authority'' on a claim for benefits covered under the plan, through the appointment or under some notion of ''ultimate control'' of the group health plan.

There are two flaws in this argument. First, proposed ERISA in Section 514(e)(2)(A) clearly shields plan sponsors from the exception to ERISA preemption in Section 514(e)(1). If proposed Section 514(e)(2)(B)—which is set up as an exception to that shield—made plan sponsors subject to State law suits for the acts of others, plan sponsors would be in the same place as MCOs and others against whom State law suits would be allowed under Section 514(e)(1). This interpretation found in the Managed Care Letters would impermissibly read the exception right out of the statute and make the clear language of Section 514(e)(1)(A) meaningless. This is exactly what is prohibited by the ''plain meaning'' rule of statutory construction—as well as by common sense.

In addition, the Managed Care Letters cite no relevant legal authority to support this interpretation. We reviewed the list of cases which one Managed Care Letter cites as a ''solid common law basis'' for its argument. What these cases deal with is an MCO's liability for the acts of health care providers which it employs or supervises. They have nothing to do with the relationship between plan sponsor and a service provider to its group health plan.

Therefore, we think that use of an ''agency'' or similar argument to expand the scope of plan sponsor exposure would be fundamentally at odds with the structure and plain meaning of Section 302(a).

C. How likely is it that plan sponsors would terminate group health plans under the Bill?

A perennial argument. The perennial argument against changes to employee benefits laws is that the changes will cause plan sponsors to abandon their plans. (Opponents to ERISA predicted that it would destroy the entire private-sector retirement plan system. It did not.) With regard to the Bill, the experience of ''non-ERISA'' group health plans and of retirement plans subject to ERISA indicates that new ERISA Section 514(e) would not cause wholesale terminations of group health plans.

What experience shows. ''Church plans'' provide a good reference. Under ERISA Sections 4(b)(2) and 3(33), an employee benefit plan sponsored by a church organization is not subject to ERISA. Church organizations routinely sponsor group health plans, and many utilize MCOs. With ERISA preemption unavailable to them, these church-sponsors are always potential targets for the kind of suits the Managed Care Letters direly predict. Yet churches continue to sponsor group health plans.

Sponsors of retirement plans subject to ERISA can be subject to suits over the use or investment of plan assets, with huge potential liabilities for breaches of ERISA fiduciary duty. For example, a major bank was recently sued for over $100 million in alleged losses to participants in its ''401(k)'' retirement plan, based on the fee structure and other issues related to the plan's investment options. Franklin v. First Union Corp., Civil Action No. 3–99CV610, E.D. Virginia (September 7, 1999). To our knowledge, no one is suggesting that employers will now abandon their ''401(k)'' or other retirement plans in the face of such potential liabilities.

Maintaining plan sponsor control. Nor do plan sponsors need to ''abandon all control'' of the retirement plans to avoid fiduciary liability. The investment management of retirement plan assets is a good example. More and more, sponsors of retirement plans have put the management of plan assets in the hands of banks, insurance companies and other professional investment managers. Plan sponsors engage in careful manager searches, establish investment policies and review the performance of the investment managers and, where they deem it appropriate, change managers. The plan sponsor then does not make day-to-day investment decisions, but it certainly does not abandon control over this plan function.

In the same say, a group health plan sponsor can choose an MCO, and provide for it to have final authority over benefit claims. The plan sponsor monitors the MCO's performance, including its medical outcomes, and can change MCOs if it is dissatisfied with the care provided by the MCO. In such a situation, the plan sponsor would not have potential liability under proposed ERISA Section 514(e), but would certainly retain control over the operation of its group health plan.

Therefore, based on the experience of ''non-ERISA'' group health plans and ERISA retirement plans, it seems highly unlikely that the Bill's State law liability provisions would mean the end of employer-sponsored group health plans, or that employers would be forced to abandon control of those plans.

CONCLUSION

Our analysis shows that Section 302(a) of the Bill, if enacted, would not expose plan sponsors to State law liability in most situations. Only to the extent that a plan sponsor directly exercised discretion in making a benefit claim decision under its group health plan, and to the extent that an improper decision then resulted in injury or wrongful death, would there be an exception to ERISA preemption which allowed a State law claim to be brought. This potential liability is consistent with general principles of tort law, where parties are liable for the consequences of their negligent actions.

Most benefits decisions in which plan sponsors participate are outside the scope of proposed new ERISA Section 514(e). A personal injury or wrongful death is required before a state law claim is allowed. Thus, claims seeking prior approval of specific benefits, or seeking reimbursement of medical costs already incurred, or seeking to clarify a person's status as a plan participant would continue to be handled through the existing ERISA claim and appeal procedures.

Where there is personal injury or wrongful death, and a State law suit against an employer is permitted, there must be an applicable state law cause of action—nothing in Section 302(a) creates an independent cause of action. If there is a potential state law claim, it will still be preempted by ERISA unless the plaintiff can show (1) that the plan sponsor exercised discretionary authority over a claim for benefits in the case at issue, and (2) the exercise of discretion resulted in personal injury of wrongful death.

Our review of the cases where ERISA plan participants have filed suit for personal injury or wrongful death indicates that, most commonly, patients are injured or die in circumstances where the plan sponsor is not involved. It is not the plan sponsor's Benefits

Committee which sends the mother home from the hospital with her sick newborn child, or refuses to scheduled urgent surgery. Speculation that plan sponsors will ''somehow'' face broad State law liability is inconsistent with an analysis of relevant case law and the ''plain meaning'' of the proposed statue.

In sum, Section 302(a) of the Bill is a carefully-drafted provision which addresses what many perceive as an unfortunate and unintended gap in ERISA, without disturbing the ERISA preemption rules applicable to most State law claims against plan sponsors of group health plans.

What is the real life experience to bear that out? I refer my colleagues to the front page story in the Washington Post today. ''Patients' Rights Case Study: So Far, Benign. In Texas, Ability to Sue HMOs Has Prompted Little Litigation.''

Why is that? Because whereas they say that plans that make decisions, medical decisions that result in injury are going to legally be liable, they also set up that dispute resolution process that is in our bill, a dispute resolution so that you can fix a problem before you end up with the injury.

It says here in this article:

''The insurance industry and its business allies have spent millions of dollars warning legislators in Washington that it would be dangerous to give patients the right to sue health maintenance organizations, arguing that the courts would be deluged with baseless litigation.

''But since the Texas legislature made managed care plans liable for malpractice, there have only been five known lawsuits from among the 4 million Texans who belong to HMOs.

''And despite insurers' arguments that such a law would force them to practice an expensive brand of defensive medicine, there is no sign that medical costs are rising faster in Texas than anywhere else in the country.''

It talks a little bit in this article about how this bill became law in Texas. But then it goes on to say:

''The bill passed with overwhelming support from both Republicans and Democrats in Texas. Governor Bush, now a Republican presidential candidate, had opposed the idea of allowing HMOs to be sued. But this time, in a position that puts him at odds with GOP leaders in Congress, he let the law take effect.

''Two years later, a Bush spokesman said the governor believes the law has 'worked well,' primarily because of a grievance system included in the legislation that has ruled on about 600 cases and sided with patients about half the time. 'We have not seen an explosion of lawsuits,' said Governor Bush's spokesman Ray Sullivan. 'That's what the governor wanted.'''

Madam Speaker, because this is a comprehensive bill that includes so many good provisions to help patients get the kind of care that they need, it is not just a liability bill, it is a bill that because of these other provisions that will allow patients who are not getting a fair shake from their HMOs to have a process to get that fixed, we have 300 organizations who have endorsed the bipartisan consensus bill, H.R. 2723.

Madam Speaker, I include this list for the CONGRESSIONAL RECORD.

300 ORGANIZATIONS ENDORSING H.R. 2723

Adapted Physical Activity Council.
AIDS Action.
Allergy and Asthma Network—Mothers of Asthmatics, Inc.
Alliance for Children and Families.
Alliance for Rehabilitation Counseling.
American Academy of Allergy and Immunology.
American Academy of Child and Adolescent Psychiatry.
American Academy of Emergency Medicine.
American Academy of Facial Plastic and Reconstructive Surgery.
American Academy of Family Physicians.
American Academy of Neurology.
American Academy of Opthamology.
American Academy of Otolaryngology—Head and Neck Surgery.
American Academy of Pain Medicine.
American Academy of Pediatrics.
American Academy of Physical Medicine & Rehabilitation.
American Association for Hand Surgery.
American Association for Holistic Health.
American Association for Marriage and Family Therapy.
American Association for Mental Retardation.
American Association for Psychosocial Rehabilitation.
American Association for Respiratory Care.
American Association for the Study of Headache.
American Association for Clinical Endocrinologists.
American Association of Clinical Urologists.
American Association of Hip and Knee Surgeons.
American Association of Neurological Surgeons.
American Association of Nurse Anesthetists.
American Association of Oral and Maxillofacial Surgeons.
American Association of Orthopaedic Foot and Ankle Surgeons.
American Association of Orthopaedic Surgeons.
American Association of Pastoral Counselors.
American Association of People with Disabilities.
American Association of Private Practice Psychiatrists.
American Association of University Affiliated Programs for Persons with DD.
American Association of University Women.
American Association on Health and Disability.
American Bar Association, Commission on Mental & Physical Disability Law.
American Board of Examiners in Clinical Social Work.
American Cancer Society.
American Chiropractic Association.
American College of Allergy and Immunology.
American College of Cardiology.
American College of Emergency Physicians.
American College of Foot and Ankle Surgeons.
American College of Gastroenterology.
American College of Nuclear Physicians.
American College of Nurse-Midwives.
American College of Obstetricians and Gynecologists.
American College of Osteopathic Family Physicians.
American College of Osteopathic Surgeons.
American College of Physicians.
American College of Radiation Oncology.
American College of Radiology.
American College of Rheumatology.
American College of Surgeons.
American Council for the Blind.
American Counseling Association.
American Dental Association.
American Diabetes Association.
American EEG Society.
American Family Foundation.
American Federation of HomeCare Providers, Inc.
American Federation of State, County, and Municipal Employees.
American Federation of Teachers.
American Foundation for the Blind.
American Gastroenterological Association.
American Group Psychotherapy Association.
American Heart Association.
American Liver Foundation.
American Lung Association/American Thoracic Society.
American Medical Association.
American Medical Rehabilitation Providers Association.
American Medical Student Association.
American Medical Women's Association, Inc.
American Mental Health Counselors Association.
American Music Therapy Association.
American Network of Community Options And Resources.
American Nurses Association.
American Occupational Therapy Association.
American Optometric Association.
American Orthopaedic Society for Sports Medicine.
American Orthopsychiatric Association.
American Orthotic and Prosthetic Association.
American Osteopathic Academy of Orthopedics.
American Osteopathic Association.
American Osteopathic Surgeons.
American Pain Society.
American Physical Therapy Association.
American Podiatric Medical Association.
American Psychiatric Association.
American Psychiatric Nurses Association.
American Psychoanalytic Association.
American Psychological Association.
American Public Health Association.
American Society for Dermatologic Surgery.
American Society for Gastrointestinal Endoscopy.
American Society for Surgery of the Hand.
American Society for Therapeutic Radiology and Oncology.
American Society of Anesthesiology.
American Society of Bariatric Surgery.
American Society of Cataract and Refractive Surgery.
American Society of Clinical Oncology.
American Society of Dermatology.
American Society of Echocardiography.
American Society of Foot and Ankle Surgery.
American Society of General Surgeons.
American Society of Hand Therapists.
American Society of Hematology.
American Society of Internal Medicine.
American Society of Nephrology.
American Society of Nuclear Cardiology.
American Society of Pediatric Nephrology.
American Society of Plastic and Reconstructive Surgeons, Inc.
American Society of Transplant Surgeons.
American Society of Transplantation.

American Speech-Language-Hearing Association.
American Therapeutic Recreation Association.
American Urological Association.
Americans for Better Care of the Dying.
Amputee Coalition of America.
Anxiety Disorders Association of America.
Arthritis Foundation.
Arthroscopy Association of North America.
Association for Ambulatory Behavioral Healthcare.
Association for Education and Rehabilitation Of the Blind and Visually Impaired.
Association for Persons in Supported Employment.
Association for the Advancement of Psychology.
Association for the Education of Community Rehabilitation Personnel.
Association of American Cancer Institutes.
Association of Education for Community Rehabilitation Programs.
Association of Freestanding Radiation Oncology Centers.
Association of Maternal and Child Health Programs.
Association of Subspecialty Professors.
Association of Tech Act Projects.
Association of Women's Health Obstetric and Neonatal Nurses.
Asthma & Allergy Foundation of America.
Austism Society of America.
Bazelon Center for Mental Health Law.
California Access to Specialty Care Coalition.
California Congress of Dermatological Societies.
Cancer Leadership Council.
Center for Patient Advocacy.
Center on Disability and Health.
Child Welfare League of America.
Children & Adults with Attention Deficit/Hyperactivity Disorder.
Children's Defense Fund.
Citizens United for Rehabilitation of Errants.
Clinical Social Work Federation.
Communication Workers of America.
Conference of Educational Administrators of Schools and Programs for the Deaf.
Congress of Neurological Surgeons.
Consortium of Developmental Disabilities Councils.
Consumer Action Network.
Consumer Federation of America.
Consumers Union.
Cooley's Anemia Foundation.
Corporation for the Advancement of Psychiatry.
Council for Exceptional Children.
Council for Learning Disabilities.
Crohn's and Colitis Foundation of America.
Diagenetics.
Digestive Disease National Coalition.
Disability Rights Education and Defense Fund.
Division for Early Childhood of the CEC.
Easter Seals.
Epilepsy Foundation of America.
Evangelical Lutheran Church in America.
Eye Bank Association of America.
Families USA.
Family Service America.
Family Voices.
Federated Ambulatory Surgery Association.
Federation of Behavioral, Psychological & Cognitive Sciences.
Federation of Families for Children's Mental Health.
Florida Breast Cancer Coalition.
Friends Committee on National Legislation.
Goodwill Industries International, Inc.
Gullain-Barre Syndrome Foundation.
Helen Keller National Center.
Higher Education Consortium for Special Education.
Human Rights Campaign.
Huntington's Disease Society of America.
Infectious Disease Society of America.
Inter/National Association of Business, Industry and Rehabilitation.
International Association of Jewish Vocational Services.
International Association of Psychosocial Rehabilitation Services.
International Dyslexia Association.
Joseph P. Kennedy, Jr. Foundation.
League of Women Voters.
Learning Disabilities Association.
Leukemia Society of America.
Linda Creed Breast Cancer Foundation.
Lupus Foundation of America, Inc.
Massachusetts Breast Cancer Coalition.
Medical College of Wisconsin.
Michigan State Medical Society.
Minnesota Breast Cancer Coalition.
National Alliance for the Mentally Ill
National Association for Medical Equipment Services.
National Association for Rural Mental Health.
National Association for State Directors of Developmental Disabilities Services.
National Association for the Advancement of Orthotics and Prosthetics.
National Association of Children's Hospitals.
National Association of Developmental Disabilities Councils.
National Association of Medical Directors of Respiratory Care.
National Association of Nurse Practitioners in Women's Health.
National Association of People with AIDS.
National Association of Physicians Who Care.
National Association of Private Schools for Exceptional Children.
National Association of Protection and Advocacy Systems.
National Association of Psychiatric Treatment Centers for Children.
National Association of Public Hospitals and Health Systems (Qualified Support).
National Association of Rehabilitation Research and Training Centers.
National Association of School Psychologists.
National Association of Social Workers.
National Association of State Directors of Special Education.
National Association of State Mental Health Program Directors.
National Association of the Deaf.
National Black Women's Health Project.
National Breast Cancer Coalition.
National Center for Learning Disabilities.
National Coalition on Deaf-Blindness.
National Committee to Preserve Social Security and Medicare.
National Community Pharmacists Association.
National Consortium of Phys. Ed. And Recreation For Individuals with Disabilities.
National Consumers League.
National Council for Community Behavioral Healthcare.
National Depressive and Manic-Depressive Association.
National Down Syndrome Society.
National Foundation for Ectodermal Dysplasias.
National Hemophilia Foundation.
National Medical Association.
National Mental Health Association.
National Multiple Sclerosis Society.
National Organization of Physicians Who Care.
National Organization of Social Security Claimants' Representatives.
National Organization on Disability.
National Parent Network on Disabilities.
National Partnership for Women & Families.
National Patient Advocate Foundation.
National Psoriasis Foundation.
National Rehabilitation Association.
National Rehabilitation Hospital.
National Therapeutic Recreation Society.
NETWORK: National Catholic Social Justice Lobby.
New York State Nurses Association.
NISH.
North American Brain Tumor Coalition.
North American Society of Pacing and Electrophysiology.
North American Spine Society.
Opticians Association of America.
Oregon Dermatology Society.
Orthopaedic Trauma Association.
Outpatient Ophthalmic Surgery Society.
Pain Care Coalition.
Paralysis Society of America.
Paralyzed Veterans of America.
Patient Advocates for Skin Disease Research.
Patients Who Care.
Pediatric Orthopaedic Society of North America.
Pediatrix Medical Group: Neonatology and Pediatric Intensive Care Specialist.
Physicians for Reproductive Choice and Health.
Physicians Who Care.
Pituitary Tumor Network.
Public Citizen (Liability Provisions Only).
Rehabilitation Engineering and Assistive Technology Society of N. America.
Renal Physicians Association.
Resolve: The National Infertility Clinic.
Scoliosis Research Society.
Self Help for Hard of Hearing People, Inc.
Service Employees International Union.
Sjogren's Syndrome Foundation Inc.
Society for Excellence in Eyecare.
Society for Vascular Surgery.
Society of Cardiovascular & Interventional Radiology.
Society of Critical Care Medicine.
Society of Gynecologic Oncologists.
Society of Nuclear Medicine.
Society of Thoracic Surgeons.
Spina Bifida Association of America.
St Louis Breast Cancer Coalition.
Taconic Resources for Independence, Inc.
The Alexandria Graham Bell Association for the Deaf, Inc.
The American Society of Dermatophathology.
The Arc of the United States.
The Council on Quality and Leadership in Supports for People with Disabilities (The Council).
The Endocrine Society.
The Paget Foundation for Paget's Disease of Bone and Related Disorders.
The Society for Cardiac Angiography and Interventions.
The TMJ Associations, Ltd.
Title II Community AIDS National Network.
United Auto Workers.
United Cerebral Palsy Association.
United Church of Christ.
United Ostomy Association.
Very Special Arts.
World Institute on Disability.

Finally, let me just briefly talk about access to medical care, because I think it is important. We have about 40 million Americans that do not have health insurance. A large percentage of those people are poor, a large percentage are children. We can do a lot more to get those children and those poor people enrolled in the programs that they qualify for than what we are

doing now. Fully half of the children in this country that are uninsured qualify for either Medicaid or for the CHIP program. And we ought to make a better effort to do that. But when we look at providing better access for all Americans to health insurance, we need to be careful that we do not make the situation worse.

There are some ideas that are in a bill that may come to the floor that relate to expanding what are called association health plans or geographic association type health plans, called health marts, that we need to be careful of.

Madam Speaker, I have two letters here from the Blue Cross/Blue Shield organization and the Health Insurance Association of America that I will include for the RECORD.

BLUECROSS BLUESHIELD ASSOCIATION,
Washington, DC, July 13, 1998.

Hon. GREG GANSKE,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE GANSKE: We are writing to express our deep concerns about exempting Association Health Plans (AHPs) and certain Multiple Employer Welfare Arrangements (MEWAs) from state law.

This unwise proposal has surfaced again, this time as part of a package of recommendations from the House Republican health care quality working group. BCBSA is concerned about many of the working group's recommendations, but we are particularly troubled by the AHP/MEWA provision.

For good reason, exempting AHPs/MEWAs from state law is strongly opposed by governors and other state officials, consumer groups, health professionals, major health insurance organizations and some small businesses. This proposal would:

Transfer regulation of these entities from states to an unprepared federal government. The Department of Labor has already testified that it does not now have the resources needed to adequately oversee the ERISA plans already under its purview. Consequently, exempting AHPs/MEWAs from state law would necessitate a substantial increase in federal regulators in order to set and enforce solvency standards and other consumer protections

Increase premiums for many small employers and dramatically hike rates for individuals who purchase their own coverage. By exempting AHPs/MEWAs from state law, the proposal would undermine state reforms that have improved the accessibility and affordability of health coverage, such as risk-spreading laws that assure cross-subsidization between low- and high-cost groups.

Decrease health coverage for those who use the most medical services. The proposal would give AHPs/MEWAs a strong incentive to cover only the healthiest people. As a result, sicker people—who are most in need of coverage—would be left in state-regulated insurance pools. Their premiums would increase as more health people joined AHPs/MEWAs, causing many to lose their health coverage.

Reduce funding for state programs to improve access to health coverage. Because AHPs/MEWAs would be exempt from state law, they would not have to contribute to state programs to improve access (e.g., high-risk pools), which are typically funded by assessments on small group health insurance premiums.

BCBSA shares the concerns of AHP/MEWA supporters who want to make health coverage more affordable for small businesses and others. But this proposal would undermine successful state reforms, increase premiums for many and decrease health coverage for those who need it the most.

When Congress considers the working group's proposal this summer, we urge you to oppose exempting AHPs/MEWAs from state law.

Sincerely,

MARY NELL LEHNHARD,
Senior vice President.
JACK ERICKSEN,
Executive Director, Congressional Relations.

JUNE 4, 1998.

Hon. GREG GANSKE,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE GANSKE: We are writing to express our opposition to proposals that would exempt certain health insurance arrangements, such as association health plan (AHPs) and multiple employer welfare arrangements (MEWAs), from state insurance law and regulatory authority.

We remain very concerned about proposals to preempt state regulatory of federally certified association health plans, including many MEWAs (e.g., H.R. 1515/S. 729). These proposals would undermine the most volatile segments of the insurance market—the individual and small group markets. AHPs could siphon off the healthy (e.g., through selective marketing or by eliminating coverage of certain benefits required by individuals with expensive illnesses), thus leading to significant premium increases for those who remain in the state-regulated pool. The ultimate result: an increase in the uninsured and only the sickest and highest risk individuals remaining in the states' insured market.

We have similar concerns regarding a proposal to create a new type of purchasing entity, called HealthMarts, which has not been reviewed via the committee hearing process. This proposal would exempt health plans offered through a HealthMart from state benefit standards and requirements to pool all small groups for rating purposes. As with AHPs, this proposal raises serious concerns regarding market segmentation and the ability of states to protect their residents. The combination of these two proposals could lead to massive market segmentation and regulatory confusion.

Moreover, these proposals, over time, would lead our nation toward increased federalization of health insurance regulation. Preemption of state regulatory authority would create a regulatory vacuum that would necessitate an exponential increase in federal bureaucracy and federal regulatory authority.

As representatives of the health insurance and health plan community, we are concerned about the issue of access to health coverage for small firms. However, we urge legislators to avoid legislation that unravels the market by helping a limited group of small employers at the expense of other individuals and small groups.

We look forward to an opportunity to work with you regarding proposals that expand coverage without damaging the small group and individual markets.

Sincerely,

BLUE CROSS AND BLUE SHIELD ASSOCIATION,
HEALTH INSURANCE ASSOCIATION OF AMERICA.

Sometimes I agree with the insurance industry. In this situation I do. I think that association health plans can siphon off the healthy. They can thus lead to significant premium increases for those that remain in State-regulated insurance pools.

☐ 2000

The ultimate result could be an increase in the uninsured, and only the sickest and highest risk individuals remaining in the State's insurance market. We have to be very careful about those types of provisions.

Finally, Madam Speaker, let me just say that I appreciate the Speaker of the House, the gentleman from Illinois (Mr. HASTERT), sticking to his word that we are going to have a debate on patient protection legislation next week. I hope that we will have a clean and fair rule that will allow the majority of the House to have its say on passing good, strong patient protection legislation.

I think that we have been working on this for about 4 years. It is a struggle when you are going up against an industry as powerful as the HMO industry. But despite the fact that they have spent about $100 million lobbying against this, money that should, in my opinion, have been spent on care for patients, the public overwhelmingly wants to see Congress pass a strong Patient Bill of Rights, strong patient protection legislation. They have heard from their friends, they have heard from family members, they have heard from fellow employees about problems with people in HMOs getting the kind of care that they should be getting, and they are scared that that could happen to their own family and their own children. They just want a fair chance at reversing an arbitrary denial of care because some of those decisions, as I pointed out in my speech tonight, and countless hundreds or thousands of others that I could talk about have resulted in injury to people, and it is occurring every day that goes by without our having this debate, Madam Speaker.

I encourage my colleagues on both sides of the aisle to join with the 300 endorsing organizations, support H.R. 2723, avoid believing the distortions that the industry is putting out about this bill. The sky will not fall, HMOs will continue. In fact, they will be better HMOs if we pass this legislation.

WHERE WE ARE WITH DRUG POLICY

The SPEAKER pro tempore (Ms. GRANGER). Under the Speaker's announced policy of January 6, 1999, the gentleman from Florida (Mr. MICA) is recognized for 60 minutes.

Mr. MICA. Madam Speaker, I am pleased to come back to the floor tonight, and as usual on Tuesday nights, I try to address the House and the American people on the subject of the illegal narcotics situation. As I have stated many times on the floor of the House of Representatives, I take this issue very seriously.

I chair the Subcommittee on Criminal Justice, Drug Policy and Human

Resources of the Committee on Government Reform and Oversight charged with the responsibility of trying to coordinate and get back on track our war on drugs. And I do say get back on track our war on drugs because, as I have stated many times in detail, last week in my remarks, the war on drugs basically was closed down in 1993 with the beginning of the Clinton administration. When the Clinton-Gore administration controlled both the White House, they controlled substantial majorities in the House of Representatives, in the United States Senate, and in 2 years of domination completely destroyed, completely dismantled almost all of our international narcotics efforts, took apart the cost-effective source country programs that stopped drugs very cost effectively in their production, in their route, at their source in the countries that produce them.

Then, of course, the administration, working with the majority in Congress, gutted nearly half the amount of money for interdiction, in a very short period of time dismantled almost all of the programs that interdicted drugs at the second stages from the source. First, destroyed those programs, interdiction where you caught them cost effectively at the second level of before entry to our borders, cut those programs in half, use of the military almost decimated, use of the Coast Guard in areas like Puerto Rico which saw an incredible influx of illegal narcotics from throughout the Caribbean and then transited it into the United States, even into Central Florida, my home area of central Florida from Orlando to Daytona Beach, one of the victims of that failed policy.

Then additionally, Madam Speaker, adopting a very liberal policy as far as our national leadership on the issue, soft on the issues, a national health officer, Jocelyn Elders, said just say maybe, and our kids took that at face value, and we have seen the dramatic results among, particularly among, our young people who were so susceptible, we found, to that soft message sent out of the White House and out of the administration and sent out of the Congress. Again, a short time in which they controlled all these mechanisms, but a lot of damage was done.

Now, digging our way out again, we have increased source country programs. We are getting them almost back to the 1992 levels. The interdiction programs' involvement of the military, the Coast Guard, almost back again to the 1992 levels. And education program which we have no match. For which again, I credit the gentleman from Illinois (Mr. HASTERT) who is now Speaker of the House who helped secure funding for that program in the last Congress under his leadership as a chairman of the Subcommittee on National Security on which I served with him that had drug policy jurisdiction. Education.

And of course, contrary to what is out there, the Geraldo Riveras and the others who give these programs about how the war on drugs is a failure, they do not have a clue. Of course we never mention that the war on drugs, in fact, was closed down by the liberal elements. But, in fact, the war on drugs is successful when it is multi-faceted, as I said, where it deals with stopping drugs at their source, interdicting drugs, a strong education program.

And, of course, the Riveras and others will not tell you that in the Clinton agenda most of the money went for solely, treatment. The increases from 1993 to 1995—1996 nearly doubled for treatment, and they continue to double. And, of course, we think treatment, this new majority does, is a very critical part to any multi-faceted and effective anti-narcotics program. But by itself it is sort of like treating only the wounded in a battle, and we cannot just be taking in the casualties, treating them and sending them back out or allowing them just the alternative of a life of addiction as we compared with Baltimore last week.

Madam Speaker, Baltimore now has the distinction of probably 60,000 addicts in a liberal Clinton-Gore type policy which has enslaved almost one-tenth. A Council person from Baltimore said it is one in eight who are now victims of addiction. And that is the liberal policy as opposed to the Giuliani zero tolerance, tough enforcement approach and the approach that the majority in this Congress, the new majority in this Congress, has adopted.

So we know that stopping illegal narcotics at their source is very cost effective, works. We have seen dramatic decreases in Bolivia, Peru, two countries which were really the major sources of coca and cocaine production. Now that has shifted to Colombia because mostly, as I pointed out and documented very well last week, of the Clinton-Gore policy that stopped all assistance, all aid, closed down the war on drugs basically in Colombia so that Colombia is now the largest producer. And the little programs that were started under this Republican majority in Peru and Bolivia have now dramatically cut, and again with small expenditures, production there.

But again it closed down the shoot-down policy; it closed down the assistance programs, a close-down of the cooperation in providing intelligence to Colombia. It destroyed those programs and now has Colombia, which was really not a coca producer, a producer of the raw source, it was a producer as far as transforming of the coca and processing it into cocaine is now the major producer in the world of cocaine, a great achievement that the Clinton-Gore administration has managed to pull off in less than 6 short years.

And now, of course, we have the rampage of heroin. Again, 6 years ago, almost no heroin coming from Colombia. Now the largest source of heroin in the United States grown in Colombia, a byproduct of the Clinton-Gore failed foreign policy towards Colombia. And the solution as they run to the Congress, whether it is Bosnia, Haiti, Somalia, or wherever is more money and funds. And, of course, we will be saddled with an estimated $1 billion request which is coming forth to the Congress to help solve the problem that suddenly sprung up in Colombia that actually they created with a failed policy over the last 4 or 5 years.

So that is where we were last week, and tonight I want to talk about where we are with drug policy. Some things happened in the House of Representatives, in fact, just the last few days. Those who watch the House of Representatives may have watched a resolution that was brought up by my good friend, the gentleman from Florida (Mr. HASTINGS) asking for fair and free elections in Haiti. Now this, my colleagues, is the same Haiti that had the same failed policy that was adopted by this administration that sort of got us in this mess and at no small expense to the American taxpayers or the Congress.

Now stop and think about this. We went in to save Haiti, and we went in by a Clinton-Gore method of destroying Haiti by imposing an embargo which I spoke out very actively against. I had been to Haiti many times, knew a little bit about Haiti. It is the poorest Nation in the western hemisphere. People there make about a dollar a day, and we imposed an economic embargo.

□ 2015

What we did with this Clinton war solution was we closed down 100,000 manufacturing jobs that supported almost 1 million Haitians, and almost all those manufacturing opportunities were owned by U.S. employers who had worked with Haitians to start a little bit of a real economy in a land that had known nothing but poverty. It really is the saddest case. Haitians are some of the most wonderful people I have ever met on the face of the Earth. So we imposed an economic embargo.

What that did was it destroyed any business that might have been legitimate in Haiti, and it turned these folks of this island into basically a liberal Clinton-Gore type welfare state, sort of a socialized system where they relied on Federal funding really from Washington, D.C. to supply food stations and foreign aid and assistance.

I remember talking to the ambassador and others, like what did you do after we imposed this embargo and we sent our troops in? Recall, we spent over $3 billion on this nation-building experiment that has turned into such a disaster that here we are on the floor of the House of Representatives passing a resolution saying can you participate in free elections and can you stop the corruption with your police and with your government?

This is after those billions and billions of American taxpayer dollars were spent for nation-building programs, institution-building programs.

If you stop and look, they are spending American taxpayer money on teaching them how to be legislators, and they could not even convene their legislature; teaching them how to be political people; teaching them law enforcement, and here we have one of the highest levels of corruption in the entire hemisphere, some 4 or 5 years later, and billions and billions of American taxpayer dollars down the drain.

But I did ask the question to the ambassador and the others involved after we sent our troops in there, and we have got established, what have you done to bring back businesses to help American businesses in partnerships which we had started with Haiti before this embargo? Basically, they had done very little or nothing.

Even to this day, they still do not get it. They think that the way to nation-build is to provide just the institutional assistance and not real sound economic development. You can spend all the American taxpayer money you want in the world in Haiti; and until you have some real market activity, tourism, manufacturing, things that create jobs, some agriculture that allows them to provide for themselves, the handout programs do not work. Yet we have done this.

How embarrassing it must be for this administration and this Congress to stand here in the last few days and pass a resolution asking them to sort of clean up their act, after spending billions in this nation-building.

The reason I cite that as a failed Clinton-Gore policy in relation to narcotics is because we have seen the corruption of the police force there. Allegations have been filed on members of the Haitian National Police Force accusing them of a wave of murders, disappearance of detainees and drug-related crimes and other illegal activities. These are the latest reports that we have had.

The United States, in the billions we spent, we spent $75 million to help train and build the police force, and the police department has had to dismiss over 530 officers over the last 4 years for corruption.

This little report in the Tuesday, September 28, Washington Post Foreign Service said, and it quotes a Colin Granderson, ''If you are asking me whether I am more concerned about rot in the police than a year ago, the answer is yes,'' said Colin Granderson, Executive Director of an international civilian mission here in Port-au-Prince, run by the Organization of American States and the United Nations.

Let me quote him further. He says, ''We have both human rights concerns and concerns about the broader conduct of officers, specifically with respect to criminal activity, in particular drug smuggling.''

Now, if that is not the crown jewel of the accomplishments of the Clinton-Gore administration. We spent billions of dollars, we have an economy that is defunct, we have corruption in the political levels unknown to the Western Hemisphere, and we again have spent a fortune in these training and assistance and aid and handout programs. And what do we have? We have Haiti being named as one of the drug smuggling centers of the Western Hemisphere.

It was interesting too in checking into the airport just this past weekend, I noticed, I think it was with, I believe, Nigeria, but I am not certain about that, but there was one other nation mentioned, as you enter the security, it says ''Please note that these airports in these countries are not in compliance with international security.''

There was one other country, and, again I do not recall if it was Nigeria, but I do know very well that the second country named in the list was Haiti and Port-au-Prince Airport.

What a great distinction, again, Clinton-Gore policy, on spending these billions on destroying the economy and real market activity and instituting a social handout program, the institutional training by all these ''experts,'' and we have drug smuggling; and we have one of the worst security risk airports in the world cited as, again, in Haiti.

So I am very concerned about what has taken place there. I am even more concerned now that Haiti has become a haven for illegal narcotics activity.

Tonight I also want to go sort of around the hemisphere and talk in addition about Colombia, which I mentioned last week. I will review it again tonight, and about Haiti, another third Clinton-Gore failure of policy.

I cannot give 100 percent credit to President Clinton and Vice President Gore for this disaster. This took a combination of leadership. It started with President Carter, who negotiated the turnover of the Panama Canal, and maybe it was rightful and just for the United States to eventually cede back the canal to Panama, but it did take an administration that was in place in the past year or two to begin some of the final negotiations for departure of American interests and personnel from Panama.

Here again when they write the history books, they will have, of course, Somalia and Haiti and Colombia; but another crown jewel of policy failure has to be Panama.

I did not take over the subcommittee until January; but, again, I served with Speaker HASTERT who was then Chair of the subcommittee.

Everyone has known that the United States' lease was up, that we had to be out of Panama by the end of 1999, December 31. That was a given. The question was the negotiations; the question was the resources that we had there. Most Americans do not know it, but we had over $10 billion in assets, American assets, over 5,500 buildings in Panama.

When I assumed chairmanship of the Subcommittee on Criminal Justice, Drug Policy and Human Resources, I went down to Panama early on and met with our folks in charge there. I also stopped in Miami and met with our SOUTHCOM officials who were also responsible for DOD operations in that area.

We were told then that the administration was negotiating a withdrawal of United States troops that in particular had been involved in the interdiction effort and the surveillance effort through South America and Central America. We had been doing, I believe, up to 15,000 flights from Howard Air Force Base in an FOL, forward operating location, surveillance for international narcotics trafficking.

We knew that our time was limited, but we knew that we must negotiate with the Panamanians. We might not have been able to keep a military presence, but certainly it was in everyone's interest in the region and the hemisphere for the United States to continue these narcotics flights to the south and cover all of South and Central America, where we have the problems.

We know all of the cocaine in the world comes from Colombia, Peru, and Bolivia. We know that 80 percent of the heroin entering the United States is produced and comes from Colombia, and it all travels up through that region. So that is why the Howard Air Force Base operations were critically important to that forward oversight and surveillance mission. We were told that negotiations were under way when I visited there and met with officials and this would all be done.

What happened, in fact, is May 1, Howard Air Force Base was basically closed down as far as further flights. The United States was summarily kicked out. The negotiations failed. Our State Department failed in negotiations to continue the drug flights. So in a mad scurry, the Department of State began, along with the Department of Defense, to find new locations.

They did bring us rather late to the gate several alternatives. One was Aruba and Curacao in the Dutch Antilles and the other was in Manta, Ecuador. Of course, the price tag now may reach one-quarter of a billion dollars before we are through relocating these, but we have closed down all operations.

There has been a huge gap in surveillance of those drug and illegal narcotic activities in the time that the negotiations failed and alternatives were being explored and pursued.

To date, I do not believe that we have in place, either with Aruba, Curacao and the Netherlands, and I have met recently with the Dutch officials on this issue and I do not think there is anything new, but we do not have a long-term agreement on an operation there. So it is very difficult for us to take American taxpayer money and put it into this location for facilities, improvements or operations.

Some of those operations are up. We are still at a very low percentage, less than 50 percent, of the flights that we

had prior to May 1. So we have lost 5,500 buildings; we lost $10 billion in assets, no opportunity to opt out of Howard, and now the taxpayer is going to pay for moving these operations to the Antilles and to Ecuador.

In Ecuador the situation is even more dismal. The country there has had economic and political turmoil. We do not have a permanent agreement in place, and even though Manta, Ecuador, where the facility is to be located, is a good forward operating location, it will take even more dollars than suspected; and we have had additional requests already from the administration to put our forward operating locations in.

So both of those are still up in the air. Again, another crown jewel in failure to be prepared, failure to negotiate with the Panamanians. For possibly the payment of a small amount, we might have retained our bases and operations just for the narcotics operation, a great savings to the taxpayers, but yet have an ideal location where we were already operating out of. Now we are operating on sort of a half-baked fashion, half-performance fashion, at great cost to the taxpayers.

If we had not lost just Howard Air Force Base and closed down the operations there, the situation, again as it affects the United States, is very serious. I was pleased to read just yesterday, I believe it was, yesterday's National Media, that the Senate majority leader, TRENT LOTT, has asked the Senate Armed Services Committee to conduct hearings on China's growing presence around the Panama Canal, a strategic waterway, which is, of course, being transferred to Panamanian control.

I am very pleased that the majority leader of the other body is in fact focusing attention, because what I learned in not only my visit to Panama in anticipation of problems and requesting the administration to take action so we did not get ourselves into this pickle, but what I found out about what had already taken place or was taking place as far as possible future strategic damage to the security interests of the hemisphere and the United States in particular, I believe, again, we have missed our mark, that we have a failed policy, that we have allowed also the ports, both on the Pacific side and on the Caribbean side, I believe it is Cristobal and Balboa, now to fall into the hands of possibly Red Chinese interests.

□ 2030

Let me just cite from this report. The Hutchinson–Whampoa, Limited, the Hong Kong based company that won a long-term shipping contract to operate two canal ports, is rumored to have Chinese military and intelligence ties.

I have been personally told, and it has been confirmed by the director of our National Office of Narcotics Control, our Drug Czar, that he believes that the tenders that were conducted thereto and contracts for these ports were not above the board and that these contracts and tenders were done in a corrupt fashion. That has been confirmed by many others.

But now we have possible links to Chinese military and intelligence as far as controlling interests in both of these ports. It is important to the United States because the United States is the number one user of the canal, which carries 13,000 ships per year.

Panama has always served as a major transit area for illegal narcotics. If my colleagues will recall, the reason the United States sent troops, and American troops died on Panamanian soil when Noriega was the President and dictator of that country, George Bush's policy was to go in and route out illegal narcotics trafficking. We knew Noriega was involved. We knew he was corrupt. We knew he was involved in money laundering.

George Bush's solution was to tackle the problem and go after Noriega, who is in United States prison. That is some only 10 years ago. American men and others lost their lives in that battle to reclaim the strategic interests.

Here we are signing away and giving away that interest. What is interesting is that one of the things that was done with the fall of Noriega was really the dispersal of the Panamanian military. There is almost no military in Panama today, just a national police force.

That creates a very difficult situation, because most of the illegal narcotics transiting up through the isthmus of Panama into Central America and Mexico and across the U.S. border must again come through that area and under the control of either military or police.

There being no Panamanian military, we have a great problem with a force that is small, inadequate, and, at times, sometimes subject to corruption again with large amounts of money in the drug trade.

We also have the terrible problem of the insurgency that is in Colombia, which I spoke about last week, the Marxist insurgency, of which there is no line between the insurgency and Marxist guerilla and narco-trafficking. They are supported. They are intertwined. Our Drug Czar has said one cannot tell the difference between the line.

These Marxist forces are now going from Colombia, which borders Panama, into Panama and making incursions further into Panama which is weaker and more corrupt.

My prediction is that the United States will end up again some years down the pike, when the corruption becomes so bad, when narcotic trafficking becomes so bad, and, again, will pay the price, hopefully not in American lives, but to take back our interests.

We are not interested in running Panama, but securing for the entire hemisphere that strategic location, that strategic transportation link between the two seas. I am pleased that the Majority Leader is taking action, as again reported, and demanding hearings on that issue.

In addition to the fiasco in Panama, tonight I wanted to again mention that the statistics, the information that we have on illegal narcotics, the effect of illegal narcotics in our country, particularly among our young people and our population at large, is becoming more and more serious.

I come from an area that has had more deaths by heroin overdoses than homicides. If one stops and thinks about that, people think of crime and murder and its ravages and guns destroying lives. But illegal narcotics overdoses, particularly heroin, in Central Florida now exceed homicides.

As one parent who lost a son told me at a hearing, drug overdoses are homicides. I am always reminded of his comments. But we have seen that impact in Central Florida; and now, unfortunately, we see it repeated across our Nation, not only with heroin, but with methamphetamines, with cocaine.

One thing that I started to mention at the end of my remarks last week and really did not get it in is the difference that we are seeing between the cocaine and the heroin of the 1980s and the 1970s and even the marijuana.

We will talk about marijuana tonight too, about the difference in the drugs that are on the streets and in the marketplace and also being used by our young people and why we have so many deaths and destruction of lives.

First of all, in the 1970s and 1980s, the heroin and cocaine that was on the street had sometimes a 6 and 7 percent purity, 100 percent being pure. It was 6 or 7. Sometimes strong stuff might have reached 9 percent purity.

Today, through the processing, through the chemistry, through the product that is being produced and entering this country of heroin and cocaine, the purity levels are 70, 80 percent. These narcotics are deadly substances. Basically people are dealing in death and destruction. That is why we are having this epidemic of deaths among young people.

I do not have this past week's statistics, but I had just several cites from the Orlando area: One 30-year-old woman who died of an overdose of cocaine. That is powerful, deadly cocaine. Heroin, several heroin deaths I cited. One, a 12-year-old boy went in and found his father who had overdosed on heroin. That is deadly heroin.

Particularly our young people, sometimes the first time they use it, they mix it with alcohol or some other substance, and they go into convulsions, and they are history. But that is the difference that we see.

Even the marijuana today, the levels of purity are much higher. I believe it is the TCH levels that are substantially higher than anything that we have ever seen. Scientific studies have

shown that the damage that is done to the brain through these high levels of purity is substantial.

I was interested to note, I got a report, again, as chair of this Subcommittee on Criminal Justice, Drug Policy, and Human Relations, about substance abuse and addiction to substances by our teenagers and young people. I would have thought maybe alcohol might be up there. I was absolutely stunned to see that the vast, vast majority of addiction and treatment is for marijuana, that these young people become, addicted to this high purity level.

I have met, we have a Stewart Marchman Center in the Daytona Beach area, and I have sat at a little round table with young people there and also down in Orlando, the Center For Drugfree Living, have met with young people there without and, some instances, with counselors and talked to them confidentially about their involvement.

Almost all of them had become victims of this high grade of marijuana that destroys their motivation, that begins to affect their performance, their routine, their ambitions, and, again, leads to addiction and crime in many instances.

We have an incredible problem. The national drug crisis, I always try to cite some statistics about the problem. Tonight, let me just mention that, in 1998, more than three-quarters, that is 78 percent, of high school teens report that drugs are sold and kept at their schools, a 6 percent increase over 1996. That is even with some of the education programs that have been instituted. So, indeed, we have a problem. That is part of a CSA teen study in 1998.

From 1993, and again remember 1993 was the close-down of the war on drugs, to 1997, a youth aged 12 to 17 using illegal drugs has more than doubled. That is again, we had the time that the Clinton-Gore administration ruled supreme. They controlled the House and Senate. They closed down some of the programs I spoke about. The results are pretty dramatic: 120 percent increase in illegal drug use by our 12 to 17 year olds. There has been a 17 percent increase between 1996 and 1997 alone. That is a 1998 national household survey.

The overall number of past month heroin users increased a startling 378 percent from 1993 to 1997. That is part of the inheritance, I believe, also of this liberal policy to just say maybe, the Joselyn Elders approach of, if it feels good, do it.

For kids 12 to 17, first-time heroin use, which is proven to kill, that surged a whopping 875 percent from 1992 to 1996, again dramatic figures that are a result of a failed policy. There was no war on drugs, remember, from 1993, the beginning of the Clinton-Gore administration, until just several years ago with a new majority and restarting all of the efforts that are necessary to combat illegal narcotics.

The other failed policy I would like to talk about tonight is a very serious failed policy. I talked some about Haiti. I talked about Panama, reiterated the problems that we have had in Colombia, which I detailed last week. Tonight, I must talk about Mexico.

I have spoken probably more than anyone in the House of Representatives about the problems with Mexico and illegal narcotics trafficking. But the story is a very important story in our war on drugs, because the majority of illegal narcotics, whether it is marijuana, heroin, cocaine, all come through Mexico.

When we went to Panama, we also met with Mexican officials early this year and asked for their cooperation and assistance. We reviewed what Mexico has done. We reviewed what this Congress has done for Mexico and the American people as good friends and neighbors and allies. We have millions of Mexican-Americans who are productive citizens.

The picture, unfortunately, about what this Mexican Government and Mexican officials have done, the picture is very sad. Indeed, the problem again is that we have an estimated 70 percent of the cocaine coming from Mexico. We have 50 percent of the marijuana and 20 percent of the heroin in the United States now coming through our southwest border.

Last week, on Friday morning, I conducted a hearing on the southwest border. When we came back from Mexico, we stopped at the border and met with our officials, and they basically told us, Members of Congress in charge of national drug control policy, that the situation on our southwest border dealing with illegal narcotics is out of control.

□ 2045

It is disorganized. It is in disarray. There is a lack of communication, a lack of coordination. And that is of great concern.

Dealing again as chair of this Subcommittee on Criminal Justice, Drug Policy and Human Resources, and with billions of dollars involved in some of these efforts in these agencies, we wanted to see specific results. I was pleased that our drug czar Barry McCaffrey came in and testified, and he told me beforehand he was glad that we conducted a hearing on the Hill on the southwest border because it gave him additional clout to deal with these agencies, and also the opportunity to bring them together to see what was working and what was not working.

And that was the purpose of our mission, and our exchange last Friday at our meeting. We know that there have been some successes in 1998. The U.S. Customs Service seized 32,000 pounds of cocaine, 150,000 pounds of marijuana, and 407 pounds of heroin. We also heard testimony that reconfirmed what we had heard in our site visit back at the early part of this year, that the Customs agency does not talk to the INS and the INS does not talk to the DEA and the DEA does not talk to the FBI and other agencies, again 23 agencies that deal with border interdiction and four cabinet level posts, are not all operating in sync.

And we certainly have seen the results of some of the narcotics trafficking that has occurred along this border. Let me just tell my colleagues a little bit about what we heard at our hearing about border violence.

In April 1998, four marijuana smugglers, dealing with that so-called harmless marijuana on the west side of Nogales, Arizona, assassinated a United States border patrol agent. His name was Alex Kurpnick, and committed murder in a so-called harmless trafficking of illegal marijuana.

We have heard of increased violence against United States border patrol agents, with more rock throwing, laser beam pointing and actual incoming fire from Nogales, Mexico. All this we heard is on the increase. In Santa Cruz County, Arizona, along the border, the majority of crimes committed there are drug related.

In March of 1999, a few months ago, Phoenix police department officer, Mark Atkinson, was killed when he was ambushed by a Mexican illegal alien teen. His name was Felipe Petrona-Cabanas, who was involved specifically in drug dealings.

In July 1999, three apparent sniper attacks, possibly by the same gunman, within a 45-minute period, were aimed at United States border patrol agents from El Centro, California. Again, we heard of more situations along our border with Mexican illegal narcotics trafficking raising havoc, and again problems with our agency coordination and efforts to combat this problem.

In border violence there have been 151 documented incidents from January 1, 1999, to date involving violence toward Federal law enforcement officers along our southern borders. In 1998, there were 140 instances of border violence.

The drug smuggling along the border continues to take on even more sophisticated techniques. I think some of my colleagues may have read about the Santa Cruz Metro Task Force which recently uncovered two secretly dug tunnels that connected to Nogales, Mexico. The tunnel was designed to smuggle drugs across the border. It was also discovered from the Tijuana National Airport to the outskirts of San Diego. So these drug traffickers become even more and more clever in their approach.

All this is very interesting, again as far as the violence and the problems and the disorganization of our agencies, and it would be fodder for congressional investigation on its own, if we did not look at the efforts that we have made to increase the number of border patrol agents, the Southwest Strategy as it is called. In the last 6 years, the border patrol agents have increased from 3,928 to 8,027. In the same 6-year

period, the INS budget, Immigration and Naturalization Service, who has a large activity along the border, their budget has increased from approximately $1.5 billion to nearly $4 billion. During the same period, the INS staff grew from approximately 17,000 employees to 28,000 full-time employees as of June of this year.

So it is not that the Congress has not put an effort into this border problem. The problem is that we have put the funds there and we still do not have the cooperation and the effectiveness to deal with this situation.

Now, each of the agencies who came before our subcommittee promised to do better and to work together. That remains to be seen. But, again, we will try to keep the pressure on to see that American taxpayer dollars, which have been heavily loaded in this effort, are more effectively expended.

Again, we have received these problems from our good friend and ally Mexico, and I want to talk a little bit about the country that gave us these problems. Mexico has been a good ally. We have many, many Mexican Americans who are loyal citizens and very productive. But the government of Mexico has failed to cooperate on almost every front.

This is another one of the crown jewels of the failed Clinton-Gore administration policy. They gave them NAFTA, which was probably the best trade deal ever created by the United States Congress, a trade agreement that is unparalleled in the history of international negotiations. Great trade advantages to Mexico. We put our people out of business, lost jobs across the Nation, and gave them great economic opportunity.

We once had a positive trade balance, and now we have a huge trade deficit. They are pouring their goods in, which are produced across the border with lower wages, lower standards, lower environmental requirements across the board. It is not a level playing field, but we gave them those benefits.

When they got in financial trouble, what did we do? This administration bailed them out. We bailed them out with an unprecedented number of dollars in financial support. They have gotten as a nation and an ally and friend almost every advantage possible.

And what have they given us? We ask and we require, in order to get trade and foreign aid and assistance, we ask the President and the Secretary of State to certify each year to Congress that they are cooperating in stopping illegal narcotics production and trafficking. That is the drug certification law. In other words, if they cooperate, they get this assistance. If they do not, they are supposed to be decertified. Each time, Clinton-Gore has certified Mexico as cooperating.

The worst insult was in the last year. And I want my colleagues to look at these figures from 1998. Mexican drug seizures. We asked them to help in seizing illegal narcotics, and this is what we got: from 1997 to 1998, in seizing heroin, a drop of 56 percent; in seizing cocaine, a drop of 35 percent. Is this cooperation?

This Congress passed 2 years ago a resolution asking Mexico to help in signing a maritime agreement. To date, they have not signed a maritime agreement.

We asked for protection of our agents, because some years ago Enrique Camarena, a United States drug enforcement agent, was tortured and died in a horrible death and slaughtered like an animal by Mexican drug dealers. So we have asked for protection of our small number of agents, and we still do not have those guarantees of protection.

We asked for enforcement of laws. They pass laws in Mexico, but they do not enforce them. And what did we get? We got kicked in the teeth like no other nation has been kicked in the teeth after giving them incredible trade benefits. What did they do? We started a sting operation in Mexico, because we knew, and we had reports of incredible amounts of money laundering. In fact, this operation was called Operation Casablanca by our customs agents. Our customs agents discovered the biggest money laundering operation in the history of the world.

In fact, in testimony that we had by one former Customs agent, he told us that he was in the process of trying to money launder over $1.1 billion for a Mexican official, who was identified as a cabinet member, possibly a secretary of defense, and possibly with ties to the president of Mexico, the current president of Mexico.

Now, we know the former president, Salinas, and his brother and family, were up to their eyeballs in illegal narcotics and money laundering and every sort of crime; but, again, we had testimony before our subcommittee about what was going on there. Instead of cooperation, instead of enforcing the laws, they threatened to expel and even to arrest our United States customs agents. This is a travesty.

What was very interesting, and what I think warrants, what I think warrants investigation, and I am going to ask the director of the FBI to look into it, is the latest death of a former Deputy Attorney General who died awaiting trial here. In a suicide note, he died a few weeks ago, he implicated Mexican President Ernesto Zedillo and members of the country's ruling party in the slaying of his brother. He also said that the Mexican Government is opposing a push by the United States Congress to level major penalties against business ties to drug traffickers. This is additional information that we have gotten.

What is sad is that we have information now that implicates even the highest office. What is sad is that the initial investigation of the money laundering of $1.1 billion was basically closed down by our Department of Justice, closed down by our Customs operation. That is even after comments by individuals like Tom Constantine, who is the former head of DEA, who said, ''In my lifetime, I have never witnessed any group of criminals that has had such a terrible impact on so many individuals and communities in our Nation. Corruption among Mexican antidrug authorities was unparalleled with anything I have seen in 39 years of police work.''

The story gets even more difficult as we look into the evidence that continues to arise about the level of corruption with Mexican officials at every level. We have reports now that the Baja Peninsula, the western state connected to California, is now almost entirely under the control of illegal narcotics traffickers. We have reports that the Yucatan Peninsula is also in a similar state and other States of Mexico.

So we have been good friends. We have been good allies. And every report that we get paints an even grimmer picture.

□ 2100

Finally, we asked the Mexicans to extradite major drug kingpins. The United States, on November 13, 1997, entered into and signed a protocol to the current extradition treaty with Mexico. This protocol has been ratified by the other body, the United States Senate; and it still has not been ratified by the Mexican parliamentarians.

This is a very sad state of affairs, again an example of failed Clinton policy granting them certification and granting them trade, granting them financial assistance, and getting in return none of the requests of this Congress, failure of cooperation in narcotics.

Mexico today has the crown and glory of being the major drug transport area from Colombia through Mexico, again the largest source of illegal narcotics entering the United States, a very dismal picture presented and brought to my colleagues, unfortunately, by this administration.

Hopefully, working with this new Congress, we can turn this around, we can get the resources to Colombia, we can take a tougher stand with Mexico, we can continue to hold hearings, make the American people and the Congress aware of this situation, and reverse this sad state of affairs with our closest ally, our closest friend, in exporting to the United States terror, death, and destruction in the form of illegal narcotics trade and business.

Madam Speaker, I am pleased to conclude at this time and, hopefully, be back next week with another report on the problem of illegal narcotics and how it impacts both this Congress, the American people, and the next generation. Madam Speaker, I am pleased to yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. MCKINNEY (at the request of Mr. GEPHARDT) for today after 4:00 p.m. on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. GEORGE MILLER of California) to revise and extend their remarks and include extraneous material:)

Mr. LIPINSKI, for 5 minutes, today.

Mr. SHOWS, for 5 minutes, today.

Mr. FALEOMAVAEGA, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. BROWN of Florida, for 5 minutes, today.

(The following Members (at the request of Mr. RYUN of Kansas) to revise and extend their remarks and include extraneous material:)

Mr. FLETCHER, for 5 minutes, September 29.

Mr. MICA, for 5 minutes, October 5.

Mr. KASICH, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, October 5.

Mr. METCALF, for 5 minutes, today.

Mr. ROHRABACHER, for 5 minutes, today.

Mr. NETHERCUTT, for 5 minutes, September 29.

Mr. JONES of North Carolina, for 5 minutes, September 29.

ENROLLED BILL AND JOINT RESOLUTION SIGNED

Mr. THOMAS, from the Committee on House Administration, reported that that committee had examined and found truly enrolled a bill and a joint resolution of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 2605. An act making appropriations for energy and water development for the fiscal year ending September 30, 2000, and for other purposes.

H.J. Res. 68. Joint resolution making continuing appropriations for the fiscal year 2000, and for other purposes.

SENATE ENROLLED BILLS SIGNED

The SPEAKER announced his signature to enrolled bills of the Senate of the following titles:

S. 293. An act to direct the Secretaries of Agriculture and Interior to convey certain lands in San Juan County, New Mexico, to San Juan College.

S. 944. An act to amend Public Law 105–188 to provide for the mineral leasing of certain Indian lands in Oklahoma.

S. 1072. An act to make certain technical and other corrections relating to the Centennial of Flight Commemoration Act (36 U.S.C. 143 note; 112 Stat. 3486 et seq.).

S. 1637. An act to extend through the end of the current fiscal year certain expiring Federal Aviation Administration authorizations.

ADJOURNMENT

Mr. MICA. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 2 minutes p.m.), the House adjourned until tomorrow, Wednesday, September 29, 1999, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

4526. A letter from the Congressional Review Coordinator, Department of Agriculture, Animal and Plant Health Inspection Service, transmitting the Department's final rule—Oriental Fruit Fly; Designation of Quarantined Area [Docket No. 99–076–1] received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

4527. A letter from the Congressional Review Coordinator, Department of Agriculture, Animal and Plant Health Inspection Service, transmitting the Department's final rule—Mexican Fruit Fly Regulations; Addition of Regulated Area [Docket No. 99–075–1] received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

4528. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Trifloxystrobin; Pesticide Tolerance [OPP–300922; FRL–6382–5] (RIN: 2070–AB78) received September 22, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

4529. A letter from the Chief, Programs and Legislative Division, Office of the Chief Liaison, Department of Defense, transmitting notification that the Commander of Air Education and Training Command is initiating a multi-function cost comparison of the Multiple Support Functions at Sheppard Air Force Base (AFB), Texas, pursuant to 10 U.S.C. 2304 nt.; to the Committee on Armed Services.

4530. A letter from the Secretary of Defense, transmitting the approved retirement of Lieutenant General George A. Crocker, United States Army, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

4531. A letter from the Chairman, Appraisal Subcommittee, transmitting the FY 1998 annual report pursuant to the Federal Managers' Financial Integrity Act, pursuant to 31 U.S.C. 3512(c)(3); to the Committee on Banking and Financial Services.

4532. A letter from the Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, transmitting the Department's final rule—Management Official Interlocks [Docket No. 99–11] (RIN: 1557–AB60) [Docket No. R–0907] (RIN: 3064–AC08) [Docket No. 99–36] (RIN: 1550–AB07) received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

4533. A letter from the Acting Assistant Secretary for Postsecondary Education, Department of Education, transmitting the Department's final rule—Teacher Quality Enhancement Grants Program (RIN: 1840–AC67) received September 3, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

4534. A letter from the Acting Director, Mine Safety and Health Administration, transmitting the Administration's final rule—Training and Retraining of Miners Engaged in Shell Dredging or Employed at Sand, Gravel, Surface Stone, Surface Clay, Colloidal Phosphate, or Surface Limestone Mines (RIN: 1219–AB17) received September 17, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

4535. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Vermont: Final Authorization of State Hazardous Waste Management Program Revision [FRL–6443–5] received September 22, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

4536. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; State of Colorado; Longmont Carbon Monoxide Redesignation to Attainment and Designation of Areas for Air Quality Planning Purposes [CO–001–0034a; FRL–6441–6] received September 22, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

4537. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; New Mexico Update to Materials Incorporated by Reference [NM–35–1–7428: FRL–6441–3] received September 22, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

4538. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; Maryland; Control of Volatile Organic Compounds from Vinegar Generators and Leather Coating Operations [MD069–3031a and MD070–3031a; FRL–6440–6] received September 22, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

4539. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Air Quality Implementation Plans; New Hampshire; Stage II Comparability and Clean Fuel Fleets [NH–038–7165a; A–1–FRL–6445–4] received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

4540. A letter from the Associate Chief, Wireless Telecommunications Bureau, Federal Communications Commission, transmitting the Commission's final rule—Revision of Part 22 and Part 90 of the Commission's Rules to Facilitate Future Development of Paging Systems [WT Docket No. 96–18] Implementation of Section 309(j) of the Communications Act—Competitive Bidding [PR Docket No. 93–253] received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

4541. A letter from the Deputy Secretary, Market Regulation, Securities and Exchange Commission, transmitting the Commission's final rule—10b–18; Purchases of Certain Equity Securities by the Issuer and Others (RIN: 3235–AH48) received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

4542. A communication from the President of the United States, transmitting a report on Iraq's weapons of mass destruction programs; (H. Doc. No. 106–134); to the Committee on International Relations and ordered to be printed.

4543. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a statement that the Government of Egypt (GOE) has requested that the United States Government permit the use of

Foreign Military Financing for the sale and limited coproduction of 100 M1A1 Abrams tanks; to the Committee on International Relations.

4544. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the signed determination of funding of U.S. CIVPOL Contingent to East Timor; to the Committee on International Relations.

4545. A letter from the Assistant Secretary Legislative Affairs, Department of State, transmitting reporting the Determination Under Section 620 (Q) of the Foreign Assistance Act; to the Committee on International Relations.

4546. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. Act 13–124, ''Moratorium on the Issuance of New Retailer's License Class B Amendment Act of 1999,'' pursuant to D.C. Code section 1–233(c)(1); to the Committee on Government Reform.

4547. A letter from the Office of the District of Columbia Auditor, transmitting a report of the Auditor's Examination of the Practice of Placing Pretrial Defendants in District Halfway Houses and the Resulting Problem of Persistent Escapes; to the Committee on Government Reform.

4548. A letter from the Acting Assistant Secretary, Land and Minerals Management, Regulatory Affairs Group, Department of the Interior/Bureau of Land Management, transmitting the Department's final rule—Public Participation in Coal Leasing [WO–320–3420–24–1A] (RIN: 1004–AD27) received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

4549. A letter from the Acting Assistant Secretary of the Interior, Department of the Interior, Bureau of Land Management, transmitting the Department's final rule—Mining Claims Under the General Mining Laws; Surface Management [WO–660–4120–02–24 1A] (RIN: 1004–AD36) received September 27, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

4550. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule—Dubin v. Commissioner [99 T.C. 325 (1992)] received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

4551. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule—James J. and Sandra A. Gales v. Commissioner—received September 24, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

4552. A communication from the President of the United States, transmitting notification that the central Government of Haiti has achieved a transparent settlement of the contested April 1997 elections, and has made concrete progress on the constitution of a credible and competent provisional electoral council that is acceptable to a broad spectrum of political parties and civic groups in Haiti; (H. Doc. No. 106–133); jointly to the Committees on International Relations and Appropriations, and ordered to be printed.

4553. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the Presidential justification to authorize unallocated funds in the Nonproliferation, Anti-Terrorism, Demining and Related Programs (NADR) account as a supplementary contribution to the Korean Peninsula Energy Development Organization (KEDO) without regard to provisions of law within the scope of that section; jointly to the Committees on International Relations and Appropriations.

4554. A letter from the Director, Coporate Audits and Standards, General Accounting Office, transmitting the Capitol Preservation Fund's Fiscal Years 1998 and 1997 Financial Statements; jointly to the Committees on House Administration and Government Reform.

4555. A letter from the Attorney General, Department of Justice, transmitting the Attorney General's Year-End Report to Congress, entitled ''Attacking Financial Institution Fraud,'' for Fiscal Year 1997 by the United States Department of Justice, pursuant to Public Law 101–647, section 2546(a)(2) (104 Stat. 4885); jointly to the Committees on the Judiciary and Banking and Financial Services.

4556. A letter from the Secretary of Health and Human Services, transmitting an annual report on expenditures for religious nonmedical health care institutions under Medicare and Medicaid for the previous fiscal year, estimated expenditures for the current fiscal year and trends in those expenditures levels from previous years; jointly to the Committees on Ways and Means and Commerce.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. GOODLING: Committee on Education and the Workforce. H.R. 782. A bill to amend the Older Americans Act of 1965 to authorize appropriations for fiscal years 2000 through 2003; with amendments (Rept. 106–343). Referred to the Committee of the Whole House on the State of the Union.

Mr. ARCHER: Committee on Ways and Means. H.R. 2923. A bill to amend the Internal Revenue Code of 1986 to extend expiring provisions, to fully allow the nonrefundable personal credits against regular tax liability, and for other purposes; with an amendment (Rept. 106–344). Referred to the Committee of the Whole House on the state of the Union.

Mr. DIAZ-BALART: Committee on Rules. House Resolution 307. Resolution waiving points of order against the conference report to accompany the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes (Rept. 106–345). Referred to the House Calendar.

Mr. SESSIONS: Committee on Rules. House Resolution 308. Resolution providing for consideration of the bill (H.R. 2559) to amend the Federal Crop Insurance Act to strengthen the safety net for agricultural producers by providing greater access to more affordable risk management tools and improved protection from production and income loss, to improve the efficiency and integrity of the Federal crop insurance program, and for other purposes (Rept. 106–346). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. BARR of Georgia:

H.R. 2959. A bill to prohibit the Legalization of Marijuana for Medical Treatment Initiative of 1998 from taking effect; to the Committee on Government Reform.

By Mr. BARR of Georgia (for himself, Mr. SAM JOHNSON of Texas, Mr. COLLINS, Mrs. CUBIN, Mr. EVERETT, Mr. POMBO, Mr. BARTLETT of Maryland, Mr. NORWOOD, Mr. CRANE, Mr. ENGLISH, Mr. LAHOOD, Mr. STEARNS, Mr. GRAHAM, and Mr. CHABOT):

H.R. 2960. A bill to restore the division of governmental responsibilities between the Federal Government and the States that was intended by the framers of the Constitution by requiring all Federal departments and agencies to comply with former Executive Order 12612; to the Committee on the Judiciary, and in addition to the Committee on Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BENTSEN (for himself, Mr. ARCHER, Mr. FRANK of Massachusetts, Mrs. MORELLA, Mr. LAMPSON, Mrs. NORTHUP, Mr. GREEN of Texas, Mr. BRADY of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. REYES, and Mr. GONZALEZ):

H.R. 2961. A bill to amend the Immigration and Nationality Act to authorize a 3-year pilot program under which the Attorney General may extend the period for voluntary departure in the case of certain nonimmigrant aliens who require medical treatment in the United States and were admitted under the Visa Waiver Pilot Program, and for other purposes; to the Committee on the Judiciary.

By Mr. CALVERT (for himself, Mr. CONDIT, Mr. PACKARD, Mr. HUNTER, Mrs. CAPPS, Mr. CUNNINGHAM, Mrs. BONO, Mr. WAXMAN, Mr. LEWIS of California, Mr. RADANOVICH, Mr. GALLEGLY, Mr. KUYKENDALL, Mr. DOOLITTLE, Mr. GARY MILLER of California, Mr. FILNER, Mr. BILBRAY, Mr. MATSUI, Mrs. NAPOLITANO, Ms. SANCHEZ, Mr. DOOLEY of California, Ms. WOOLSEY, Mr. HORN, Mr. CAMPBELL, Mr. DREIER, Mr. THOMAS, Mr. THOMPSON of California, Mr. FARR of California, Mr. BECERRA, Mr. MCKEON, Mr. OSE, Mr. HERGER, Mr. DIXON, Mr. LANTOS, Ms. ESHOO, Ms. ROYBAL-ALLARD, Mr. ROGAN, Mr. SHERMAN, Mr. BERMAN, Ms. LOFGREN, Ms. PELOSI, and Ms. LEE):

H.R. 2962. A bill to provide for the issuance of a promotion, research, and information order applicable to certain handlers of Hass avocados; to the Committee on Agriculture.

By Mr. CLYBURN (for himself, Mr. WATTS of Oklahoma, Mr. LEWIS of Georgia, and Ms. MCKINNEY):

H.R. 2963. A bill to direct the Librarian of Congress to purchase papers of Dr. Martin Luther King, Junior, from Dr. King's estate; to the Committee on House Administration.

By Mr. HUTCHINSON (for himself, Mr. CANADY of Florida, Ms. LOFGREN, Mr. SHADEGG, Mr. ALLEN, Mr. HASTINGS of Florida, Mrs. NORTHUP, and Mr. PICKETT):

H.R. 2964. A bill to clarify that bail bond sureties and bounty hunters are subject to both civil and criminal liability for violations of Federal rights under existing Federal civil rights law, and for other purposes; to the Committee on the Judiciary.

By Mrs. ROUKEMA (for herself, Mrs. MORELLA, and Mr. GILMAN):

H.R. 2965. A bill to amend title III of the Elementary and Secondary Education Act of 1965 to provide for digital education partnerships; to the Committee on Education and the Workforce.

By Mr. SHOWS (for himself and Mr. NORWOOD):

H.R. 2966. A bill to restore health care coverage to retired members of the uniformed services; to the Committee on Government Reform, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. YOUNG of Alaska (for himself, Mr. ABERCROMBIE, and Mrs. MINK of Hawaii):

H.R. 2967. A bill to amend title XVIII of the Social Security Act to provide an increase in payments for physician services provided in health professional shortage areas in Alaska and Hawaii; to the Committee on Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BARR of Georgia:

H.J. Res. 69. A joint resolution disapproving the Legalization of Marijuana for Medical Treatment Initiative of 1998; to the Committee on Government Reform.

By Mr. HERGER:

H. Res. 306. A resolution expressing the desire of the House of Representatives to not spend any of the budget surplus created by Social Security receipts and to continue to retire the debt held by the public; to the Committee on the Budget, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DIAZ-BALART:

H. Res. 307. A resolution waiving points of order against the conference report to accompany the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes; House Calendar No. 118. House Report No. 106–345.

By Mr. SESSIONS:

H. Res. 308. A resolution providing for consideration of the bill (H.R. 2559) to amend the Federal Crop Insurance Act to strengthen the safety net for agricultural producers by providing greater access to more affordable risk management tools and improved protection from production and income loss, to improve the efficiency and integrity of the Federal crop insurance program, and for other purposes; House Calendar No. 119. House Report No. 106–346.

By Mrs. MORELLA:

H. Res. 309. A resolution expressing the sense of the House of Representatives regarding strategies to better protect millions of Americans with food allergies from potentially fatal allergic reactions, and to further assure the safety of manufactured food from inadvertent allergen contamination; to the Committee on Commerce.

By Mr. NORWOOD:

H. Res. 310. A resolution providing for consideration of the bill (H.R. 358) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; to the Committee on Rules.

By Mr. NORWOOD:

H. Res. 311. A resolution providing for consideration of the bill (H.R. 1136) to increase the availability and choice of quality health care; to the Committee on Rules.

MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

232. The SPEAKER presented a memorial of the Legislature of the State of Texas, relative to House Concurrent Resolution No. 133 memorializing the United States Congress to ensure that the critical infrastructure for the U.S. military defense strategy be maintained through the renewal of the withdrawal from the public use of the McGregor Range land beyond 2001; to the Committee on Armed Services.

233. Also, a memorial of the Legislature of the State of California, relative to Assembly Joint No. 12 memorializing the President and the Congress of the United States to provide the full 40-percent federal share of funding for special education programs so that California and other vital state and local programs will not be required to take funding from other vital state and local programs in order to fund this underfunded federal mandate; to the Committee on Education and the Workforce.

234. Also, a memorial of the House of Representatives of the Commonwealth of Massachusetts, relative to House Resolution 1218 memorializing the Congress of the United States to seek a just and peaceful resolution of the situation in Cyprus; to the Committee on International Relations.

235. Also, a memorial of the General Assembly of the State of New Jersey, relative to Assembly Resolution No. 163 memorializing Congress to restore funding for the Clean Water State Revolving Fund program in the proposed Federal Fiscal Year 2000 budget; to the Committee on Transportation and Infrastructure.

236. Also, a memorial of the General Assembly of the State of California, relative to Assembly Joint Resolution 11 memorializing the President and the Congress of the United States to support Staff Sergeant Ramirez, Staff Sergeant Stone, Specialist Gonzales, and to press for the safe and speedy return of all other prisoners of war; jointly to the Committees on Armed Services and International Relations.

237. Also, a memorial of the Senate of the State of California, relative to Senate Resolution No. 15 memorializing the Federal Government to take the appropriate steps to encourage workers and their employees to save or invest for retirement to supplement the basic benefits of the Social Security Program; jointly to the Committees on Education and the Workforce and Ways and Means.

238. Also, a memorial of the Legislature of the State of California, relative to Assembly Joint Resolution No. 17 urging the United States Congress to pass the ''Work Incentives Improvement Act of 1999''; jointly to the Committees on Ways and Means and Commerce.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII,

Mr. TRAFICANT introduced A bill (H.R. 2968) for the relief of Imbeth Belay; which was referred to the Committee on the Judiciary.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 123: Mr. BILIRAKIS.

H.R. 170: Mr. REYES.

H.R. 354: Ms. LEE, Mr. GEORGE MILLER of California, Mr. FILNER, Mr. HERGER, Mr. TRAFICANT, and Mrs. MALONEY of New York.

H.R. 382: Mr. TIERNEY.

H.R. 424: Ms. STABENOW.

H.R. 534: Mr. HALL of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, and Ms. SANCHEZ.

H.R. 541: Mr. DIXON.

H.R. 595: Mr. ORTIZ and Mr. KUCINICH.

H.R. 623: Ms. PRYCE of Ohio and Mr. DAVIS of Virginia.

H.R. 637: Mr. DEAL of Georgia.

H.R. 664: Mrs. MINK of Hawaii.

H.R. 721: Mr. UDALL of Colorado and Mrs. CAPPS.

H.R. 742: Mr. BONIOR and Mr. PRICE of North Carolina.

H.R. 802: Mr. HOEFFEL, Mr. ROHRABACHER, Mr. SKELTON, Mr. MEEHAN, Ms. JACKSON-LEE of Texas, Mr. KINGSTON, Mr. ROTHMAN, and Ms. DANNER. H.R. 828: Mr. MURTHA.

H.R. 935: Mr. BARTLETT of Maryland.

H.R. 1032: Mrs. MYRICK.

H.R. 1102: Mr. DIXON.

H.R. 1111: Mr. PRICE of North Carolina.

H.R. 1115: Mr. KASICH, Mr. SALMON, Mr. KING, Mr. MCINNIS, Mr. DREIER, Mr. CALVERT, Mrs. MYRICK, Mr. JONES of North Carolina, Mr. BILBRAY, Mr. FORD, Mr. KUYKENDALL, Mr. DEUTSCH, and Mr. HOLT.

H.R. 1221: Mr. ABERCROMBIE, Mr. ETHERIDGE, and Mrs. MYRICK.

H.R. 1228: Mr. GUTIERREZ, Mr. FRANK of Massachusetts, and Mr. BILBRAY.

H.R. 1237: Mr. TIERNEY.

H.R. 1248: Mr. KUCINICH and Mrs. EMERSON.

H.R. 1274: Mr. HINCHEY, Mr. DOYLE, Mr. ROMERO-BARCELO, and Mrs. CLAYTON.

H.R. 1322: Mrs. WILSON.

H.R. 1360: Mr. BORSKI, Ms. SCHAKOWSKY, and Mr. HOLDEN.

H.R. 1515: Mr. WU, Mr. DELAHUNT, and Mr. CLEMENT.

H.R. 1525: Mr. MASCARA.

H.R. 1663: Ms. BROWN of Florida, Mr. SIMPSON, Mr. EVERETT, and Mr. HILL of Indiana.

H.R. 1708: Mr. FROST.

H.R. 1734: Mr. PASTOR.

H.R. 1803: Mr. FLETCHER, Mr. DEMINT, Mr. TERRY, Mr. LARGENT, Mr. WAMP, Mr. TANCREDO, Mr. TAUZIN, Mr. GILLMOR, Mr. SAM JOHNSON of Texas, Mr. MILLER of Florida, Mr. TIAHRT, Mr. EWING, Mr. COBURN, Mr. SANFORD, Mr. GRAHAM, Mr. DOOLITTLE, Mr. GALLEGLY, Mr. NEY, Mr. PETRI, and Mr. BAKER.

H.R. 1832: Mr. BLUNT.

H.R. 1887: Mr. ENGEL, Mr. PASTOR, and Ms. WOOLSEY.

H.R. 1899: Mr. DICKS.

H.R. 2228: Mr. DOYLE.

H.R. 2241: Mr. RAHALL, Mr. LIPINSKI, Ms. SCHAKOWSKY, Ms. BROWN of Florida, and Ms. STABENOW.

H.R. 2258: Mr. TOWNS.

H.R. 2260: Mr. BILIRAKIS.

H.R. 2269: Mrs. MALONEY of New York, Ms. DANNER, Mr. STUPAK, Ms. KAPTUR, Mr. MORAN of Kansas, Mr. SANDERS, Mr. BALDACCI, Mr. MCDERMOTT, Mr. RUSH, Mr. DAVIS of Illinois, Mr. MOORE, Mr. STRICKLAND, Mr. PETERSON of Minnesota, Mr. THOMPSON of California, Ms. ESHOO, and Mr. OLVER.

H.R. 2325: Mr. ROMERO-BARCELÓ.

H.R. 2337: Mr. BARTLETT of Maryland.

H.R. 2345: Mr. BROWN of Ohio.

H.R. 2369: Mr. BONILLA, Mr. LANTOS, Mr. GONZALEZ, Mr. MENENDEZ, Mr. WU, Mrs. CHRISTENSEN, Mr. SMITH of Texas, and Mr. RANGEL.

H.R. 2418: Mr. PICKETT, Mr. WAMP, Mr. BLUNT, Mr. CHAMBLISS, Mr. LEWIS of Georiga, Mr. DICKS, and Mr. ROTHMAN.

H.R. 2436: Mr. BRYANT, Mr. CRANE, Mr. OXLEY, Mr. DOOLITTLE, Mr. JONES of North Carolina, Mr. PACKARD, Mr. NEY, Mr. MURTHA, Mr. SAM JOHNSON of Texas, Mr. HAYWORTH, Mr. WICKER, Mr. CAMP, and Mr. STUPAK.

H.R. 2451: Mr. CLEMENT.

H.R. 2492: Mr. WALSH and Mr. MCHUGH.

H.R. 2498: Mr. BRADY of Pennsylvania, Mr. SMITH of New Jersey, Mr. KILDEE, and Mr. HOEFFEL.

H.R. 2634: Mr. DEAL of Georgia.

H.R. 2711: Mr. REYNOLDS.

H.R. 2723: Mr. GREEN of Texas, Mr. BISHOP, Mr. KLECZKA, Mr. MATSUI, Mr. MCGOVERN,

Mr. KENNEDY of Rhode Island, Mr. SHERMAN, Mr. OWENS, Mr. CLEMENT, Mr. MALONEY of Connecticut, Mr. BENTSEN, Ms. RIVERS, Mrs. LOWEY, Mr. FARR of California, Mr. HOEFFEL, Mr. DIXON, Ms. WOOLSEY, Mr. STUPAK, Mrs. JONES of Ohio, Mr. ABERCROMBIE, Mr. KUCINICH, Mr. MASCARA, Mr. MEEKS of New York, Mr. EVANS, Mr. SPRATT, Mr. VISCLOSKY, Mr. WEXLER, Mr. ROTHMAN, Mr. CAPUANO, Mr. WEINER, Mr. GORDON, Mr. COYNE, Mr. LAFALCE, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. PELOSI, Mr. INSLEE, Mrs. MALONEY of New York, Mr. CLYBURN, Mr. COSTELLO, Mr. ALLEN, Mr. KILDEE, Mr. MOORE, Mr. HINCHEY, Mr. MENENDEZ, Ms. DEGETTE, Mrs. CHRISTENSEN, Mr. HOYER, Ms. DELAURO, Mr. BLUMENAUER, Mr. ROMERO-BARCELO, Ms. BALDWIN, Ms. KAPTUR, Mr. WISE, Mr. KANJORSKI, Mr. LEVIN, Ms. LEE, Mr. PASTOR, Ms. JACKSON-LEE of Texas, Mr. BOSWELL, Mr. STRICKLAND, Mr. CROWLEY, Mr. TIERNEY, Mr. DAVIS of Florida, Mr. BAIRD, Mr. SABO, Ms. MCCARTHY of Missouri, Mr. FILNER, and Mr. RAHALL.

H.R. 2726: Mr. YOUNG of Alaska.

H.R. 2735: Mr. THOMPSON of California.

H.R. 2738: Ms. RIVERS.

H.R. 2749: Ms. ROS-LEHTINEN.

H.R. 2807: Mr. FILNER.

H.R. 2809: Ms. HOOLEY of Oregon, Mr. POMBO, Ms. LOFGREN, Mr. UDALL of Colordao, Mr. LEWIS of Georgia, Mr. WAXMAN, Mr. UPTON, Mr. PETERSON of Minnesota, and Mr. MCNULTY.

H.R. 2816: Mr. FROST.

H.R. 2867: Mr. SAM JOHNSON of Texas.

H.R. 2885: Mrs. MALONEY of New York.

H.R. 2894: Mr. CARSON.

H.R. 2895: Mr. POMBO, Mr. EVANS, Mr. BRADY of Pennsylvania, and Ms. MCKINNEY.

H.R. 2902: Mr. CLAY, Mr. MINGE, Mr. BRADY of Pennsylvania, Mr. BROWN of Ohio, Mr. FILNER, Mr. LANTOS, Mr. BARRETT of Wisconsin, Mr. OWENS, Ms. WOOLSEY, Ms. NORTON, Mr. DOYLE, Mr. THOMPSON of Mississippi, Mr. ANDREWS, Ms. LEE, Mr. HILLIARD, Ms. SCHAKOWSKY, and Mr. MCHUGH.

H.R. 2919: Mr. BROWN of Ohio.

H.R. 2926: Mr. CUNNINGHAM and Mrs. CUBIN.

H.R. 2936: Mr. STARK.

H.R. 2941: Mr. PASTOR.

H.J. Res. 53: Mr. GUTKNECHT, Mr. HAYWORTH, Mr. WATTS of Oklahoma, Mr. BACHUS, Mr. DAVIS of Virginia, Mr. DICKEY, Mr. FOLEY, Mr. HAYES, Mr. JENKINS, Mr. SESSIONS, Mr. TIAHRT, Mr. VITTER, Mr. WELDON of Pennsylvania, and Mr. WELLER.

H.J. Res. 55: Mrs. KELLY.

H. Con. Res. 58: Mr. DAVIS of Florida.

H. Con. Res. 74: Mr. UNDERWOOD and Mr. OLVER.

H. Con. Res. 89: Ms. MCKINNEY, Ms. RIVERS, Ms. MCCARTHY of Missouri, Mr. KENNEDY of Rhode Island, and Mr. LARSON.

H. Con. Res. 147: Mr. LUTHER.

H. Con. Res. 177: Mr. ALLEN, Mr. BALDWIN, Mrs. CAPPS, Mr. FRANK of Massachusetts, Ms. LEE, Ms. LOFGREN, Mr. LUTHER, Mrs. MALONEY of New York, Mr. MCGOVERN, Ms. MCKINNEY, Ms. NORTON, Mr. OLVER, Mr. STARK, and Ms. WOOLSEY.

H. Con. Res. 186: Mr. WOLF, Mr. BARTLETT of Maryland, Mr. BACHUS, and Mr. CANNON.

H. Res. 15: Mrs. MORELLA.

H. Res. 279: Mr. KINGSTON and Mr. ISAKSON.

H. Res. 298: Mr. LOBIONDO and Mr. KENNEDY of Rhode Island.

H. Res. 303: Mr. PETERSON of Pennsylvania, Mr. SALMON, Mr. GRAHAM, Mrs. ROUKEMA, Mr. DEAL of Georgia, Mr. DEMINT, Mr. MCINTOSH, Mr. GIBBONS, and Mr. DUNCAN.

PETITIONS, ETC.

Under clause 3 of rule XII, petitions and papers were laid on the clerk's desk and referred as follows:

52. The SPEAKER presented a petition of the City of Milwaukee, relative to Resolution File No. 990438 petitioning Congress to endorse the initiation and implementation of a Complete Count Census Program for the 2000 Census; to the Committee on Government Reform.

53. Also, a petition of the City of Santa Monica, relative to Resolution No. 99–01 petitioning Congress to pass legislation to fully fund the Land and Water Conservation Fund and to renew and strengthen our Nation's investment in urban areas by revitalizing the Urban Park and Recreation Recovery (UPARR) Program; to the Committee on Resources.

54. Also, a petition of Cayuga County Legislature, relative to Resolution petitioning the United States Congress to expeditiously approve the Treaties of 1795 and 1807 between the Cayuga Indian Nation and the State of New York; jointly to the Committees on the Judiciary and Resources.

AMENDMENTS

Under clause 8 of rule XVIII, proposed amendments were submitted as follows:

H.R. 2559

OFFERED BY: MRS. CLAYTON

AMENDMENT NO. 1: Section 304(b)(1) Insert after (D):

''(E) Expenditures for software development, testing, maintenance and infrastructure security through USDA's Building Rural American Venture Opportunities (BRAVO) program, not to exceed $15 million per fiscal year.''

Section 304(b)(2) Insert after (E):

''(F) Expenditures for software development, testing, maintenance and infrastructure security through USDA's Building Rural American Venture Opportunities (BRAVO) program, not to exceed $15 million per fiscal year.''

H.R. 2559

OFFERED BY: MS. JACKSON-LEE OF TEXAS

AMENDMENT NO. 2: Add at the end of title III the following new section:

SEC. ___. SENSE OF CONGRESS REGARDING PARTICIPATION OF MINORITY AND LIMITED-RESOURCE PRODUCERS IN CROP INSURANCE PROGRAMS.

It is the Sense of Congress that the Secretary of Agriculture should ensure the full participation of minority and limited-resource farmers and ranchers in the programs operating under the Federal Crop Insurance Act, as amended by this Act.

H.R. 2559

OFFERED BY: MR. LAHOOD

AMENDMENT NO. 3: Page 16, strike lines 1 through 18, and insert the following:

''(A) PROGRAMS REQUIRED.—

''(i) NUMBER AND TYPES OF PROGRAMS.—The Corporation shall conduct two or more pilot programs to evaluate the effectiveness of risk management tools for livestock producers, including the use of—

''(I) futures and options contracts and policies and plans of insurance that provide livestock producers with reasonable protection from the financial risks of price or income fluctuations inherent in the production and marketing of livestock, provide protection for production losses, and otherwise protect the interests of livestock producers; and

''(II) policies and plans of insurance that, notwithstanding the second sentence of subsection (a)(1), and subject to the exclusions in subsection (a)(3), provide livestock producers with reasonable protection from liability to mitigate or compensate for adverse environmental impacts from producers' operations caused by natural disasters, unusual weather or climatic conditions, third-party acts, or other forces or occurrences beyond the producers' control, and with coverage to satisfy obligations established by law for closure of producers' operations.

''(ii) PURPOSE OF PROGRAMS.—To the maximum extent practicable, the Corporation shall evaluate the greatest number and variety of pilot programs described in clause (i) to determine which of the offered risk management tools are best suited to protect livestock producers from the financial risks associated with the production and marketing of livestock.

H.R. 2559

OFFERED BY: MR. UPTON

AMENDMENT NO. 4: Add at the end of title I the following new section:

SEC. ___. CORRECTION OF ERRONEOUS PRICE ELECTION, MICHIGAN FRESH MARKET PEACHES.

(a) ADDITIONAL PAYMENT BASED ON CORRECTED PRICE.—Using funds available to carry out the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.), the Secretary of Agriculture shall make a payment to each producer of fresh market peaches in Michigan who purchased a crop insurance policy for the 1999 fresh market peaches crop and received a payment under the policy. The amount of the additional payment shall be equal to the difference between—

(1) the amount the producer would have received under the policy had the correct price election for the 1999 crop of $11.00 per bushel been used; and

(2) the amount the producer actually received under the policy using the erroneous price election of $6.25 per bushel.

(b) PREMIUM DEDUCTION.—The amount determined under subsection (a) for a producer shall be reduced by an amount equal to the additional premium (if any) that the producer would have paid for a policy for the 1999 fresh market peaches crop that used the correct price election.